

Nevada Provider Training Provider Web Portal (Institutional Claims)



Nevada Medicaid Provider Training

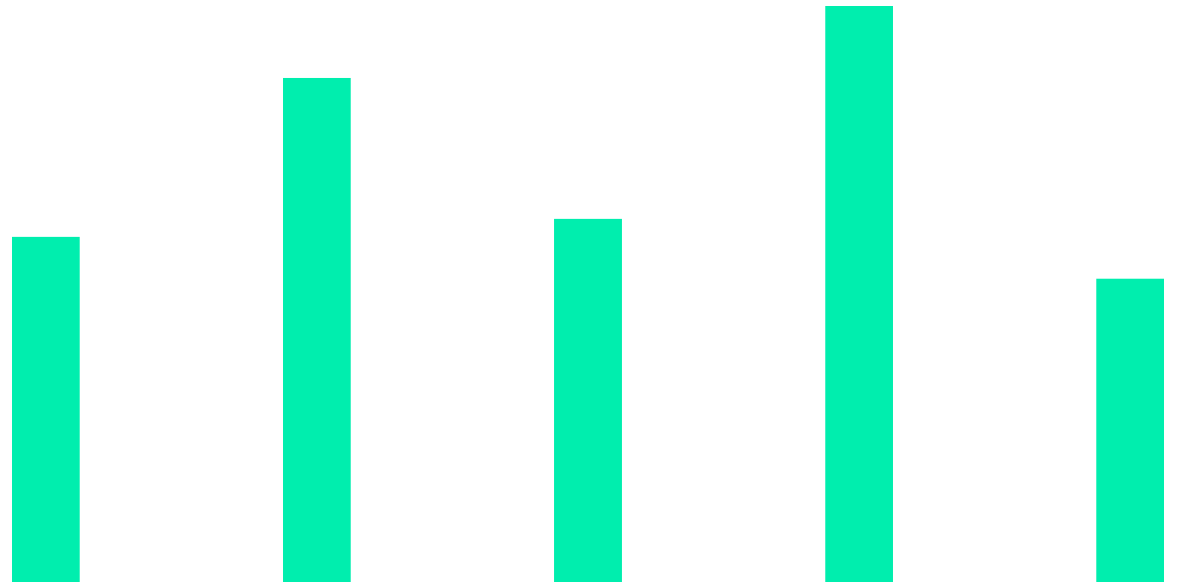
2020

Objectives

This session will cover:

- Navigating the Provider Web Portal
- Member/Recipient Eligibility
- Prior Authorizations
- Institutional Claim Submissions

Provider Web Portal Training



Objectives

This session will cover:

- Registering for the Provider Web Portal
- Navigating the Provider Web Portal
- Managing Provider Web Portal Profiles
- Adding Delegates
- Adding Trading Partners
- Accessing Help

Acronyms/Commonly Used Terms

CTN: Contact Tracking Number

PA: Prior Authorizations

PWP: Provider Web Portal

TP: Trading Partner

Delegate: an individual to whom a provider has given permission to complete various tasks on their behalf, such as submitting claims or PAs.

Trading Partner: is an individual or entity that is authorized to submit and download documentation on behalf of a Nevada Medicaid Provider.

Registering for the Provider Web Portal (PWP)



Registering for the PWP

The screenshot shows the homepage of the Nevada Department of Health and Human Services Provider Portal. At the top left is the state seal of Nevada. The main header reads "Nevada Department of Health and Human Services" with the subtitle "Division of Health Care Financing and Policy Provider Portal". On the top right, there are links for "Contact Us" and "Login". A dark blue navigation bar contains the word "Home". Below this, a light blue banner also displays "Home". The main content area is divided into two columns. The left column features a "Provider Login" section with a "User ID" input field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". Below the login section is a "Web Announcements" box with two entries: "Web Announcement 1123 Online Provider Enrollment Summary Page Updated" and "Web Announcement 1122 Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by". The right column has a heading "What can you do in the Provider Portal" followed by a paragraph explaining the portal's functions: "Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program." At the bottom of the right column is a photograph of five diverse healthcare professionals in white coats smiling.

Registering for the PWP, continued

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Login](#)

Home

Home

Provider Login ?

*User ID

[Log In](#)

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

Web Announcements

[Web Announcement 1123](#)
Online Provider Enrollment Summary Page Updated

[Web Announcement 1122](#)
Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by April 22, 2016

[Web Announcement 1121](#)
Attention Provider Type 12: Claims for CPT Codes with Age Restrictions Will Be

[Website Requirements](#)

What can you do in the Provider Portal


Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.

To register for a PWP account, the user must first be enrolled as a provider of services in the NV State Medicaid program and possess an active, enrolled National Provider Identifier (NPI).

To begin the registration process, the user will:

1. Click the **Register Now** link

Registering for the PWP, continued

 **Nevada Department of Health and Human Services**
Division of Health Care Financing and Policy Provider Portal






[Contact Us](#) | [Login](#)

Home

[Home](#) > Registration Selector Thursday 07/05/2018 07:11 AM PST

Registration

Select one of the following options that best describes your role.

 <p>Provider</p> <p>An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.</p>	  <p>Delegate</p> <p>An individual Designated by the Provider for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons. Note that although there can only be one provider administrator (who registered as a provider), the administrator can register many delegates to utilize the website from different physical locations. These delegates must be identified and registered by the provider administrator.</p>
 <p>Trading Partner</p> <p>An entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.</p>	 <p>Managed Care Org</p> <p>An entity, authorized by the state, to operate a prepaid healthcare delivery plan (as a health maintenance organization - HMO). This entity arranges, administers, and pays for the delivery of healthcare services to members, as designated by the state.</p>

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The Nevada Division of Health Care Financing adheres to all applicable privacy policies and standards, including HIPAA rules and regulations, regarding protected health information. Click here to see the State of [Nevada Online Privacy Policy](#)

From the “Registration Selector” page, the user will:

2. Click on the appropriate **Role** you wish to register

Registering for the PWP, continued

 **Nevada Department of Health and Human Services**
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Login](#)

Home

[Home](#) > [Registration Selector](#) > Registration

Thursday 07/05/2018 07:15 AM PST

Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!
Important: If you are registering as a provider, enter the provider's first and last name, or split the facility or organization name across the first and last names. If you have chosen to register as a delegate, you must have already provided your birth date and driver's license number (DLN) to a registered provider, who will add you as a delegate and obtain the delegate code for you.
If you have chosen to register as a Trading Partner, enter the Trading Partner ID.
If you have chosen to register as a Managed Care Org, enter the NPI/Provider ID and Zip Code.

3

*Provider First Name

*Provider Last Name

*NPI/API

*Tax ID (FEIN or SSN)

*Zip Code

4

From the “Registration” page, the user will:

3. Enter all identifying personal information
4. Click the **Continue** button

Registering for the PWP, continued

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Login](#)

Home

[Home](#) > [Registration Selector](#) > Registration

Thursday 07/05/2018 07:56 AM PST

Registration Step 2 of 2 - Security Information

* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

5

*User ID

*Password

*Confirm Password

Please provide your contact information below.

6

*Display Name

Phone Number

*Email

*Confirm Email

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

Continuing on the “Registration” page, the user will:

5. Create a unique **User ID** and **Password**
6. Enter contact information

Registering for the PWP, continued

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

7 Site Key:

Apple Balloon Balloons Baseball Billiards

8 Passphrase:

Please select a unique challenge question and provide an answer for each of the question groups below.

9

*Challenge Question #1	Select a Challenge Question
*Answer to #1	<input type="text" value="What is your favorite sports team?"/>
*Challenge Question #2	In what city were you born?
*Answer to #2	<input type="text" value="What is your mother's maiden name?"/>
*Challenge Question #3	What was the name of the first school you attended?
*Answer to #3	<input type="text" value="What is the name of your favorite pet?"/>

*Challenge Question #1:

*Answer to #1:

*Challenge Question #2:

*Answer to #2:

*Challenge Question #3:

*Answer to #3:

Continuing on the “Registration” page, the user will:

7. Select a **Site Key** image
8. Enter a unique **Passphrase**
9. Choose 3 **Challenge Questions** from the dropdown list and create a unique answer for each

NOTE: Your passphrase must be up to 20 characters and cannot contain invalid characters. Acceptable characters include [a-z], [A-Z], [0-9] and characters ['.?!,()-+].

Registering for the PWP, continued

The screenshot shows a 'User Agreement' form with a red border. At the top left, a blue header contains the text 'User Agreement'. Below this, the text 'Access Policy' is followed by a paragraph: 'This application and computer system are the property of Nevada Medicaid. The use of this system is for authorized users only. Users (authorized users) have no explicit or implicit expectation of privacy. Users consent via utilization of this application or system to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of Nevada Medicaid and the Nevada Division of Health Care Financing and Policy (DHCFP)'. A hexagonal callout with the number '10' points to this paragraph. Below the paragraph are several lines of text, each starting with a question mark: '? Unauthorized use is prohibited;', '? Usage may be subject to security testing and monitoring;', '? Misuse is subject to criminal prosecution;', '? No expectation of privacy except as otherwise provided by applicable privacy laws.', '? Improper use of this application or system may result in disciplinary action, termination of employment and/or civil and criminal penalties, and may be disclosed to law enforcement authorities.', and '? Unauthorized attempts to defeat or circumvent security features, to use the system for other than intended purposes, to deny service to authorized users, to...'. A hexagonal callout with the number '11' points to a checkbox that is checked, with the text: 'By checking this box, you acknowledge that you have read and understood the User Agreement, and agree to the terms and conditions as described about the role which you will perform.' At the bottom of the form, there are two buttons: 'Submit' and 'Cancel'. A hexagonal callout with the number '12' points to these buttons.

Continuing on the “Registration” page, to complete their registration, the user will need to agree to the terms of registration.

The user will:

10. Read the “Access Policy”
11. Read and check the acknowledgment box
12. Click the **Submit** button

Registering for the PWP, continued

13 User Successfully Registered

You have successfully registered for the provider portal!

A confirmation email containing your login information has been sent to the email address provided. Email notifications can take 15 to 30 minutes to be delivered.

14 Registration Confirmation

Thu 7/5/2018 10:25 AM

Division of Health Care Financing and Policy Provider Portal

Registration Confirmation

To

Welcome hospizona! This email was sent to confirm that you have successfully registered with the DXC USHC Web Portal. Your login credentials are listed below. Please keep a copy of this email in a safe place for future reference.

User ID: hospizona1
Password: Password123

If you have any questions or concerns regarding this email, feel free to email NVMMIS.EDIsupport@dxc.com or call us at +1 (877) 638-3472. Do not attempt to reply to this automated email.

Sincerely,

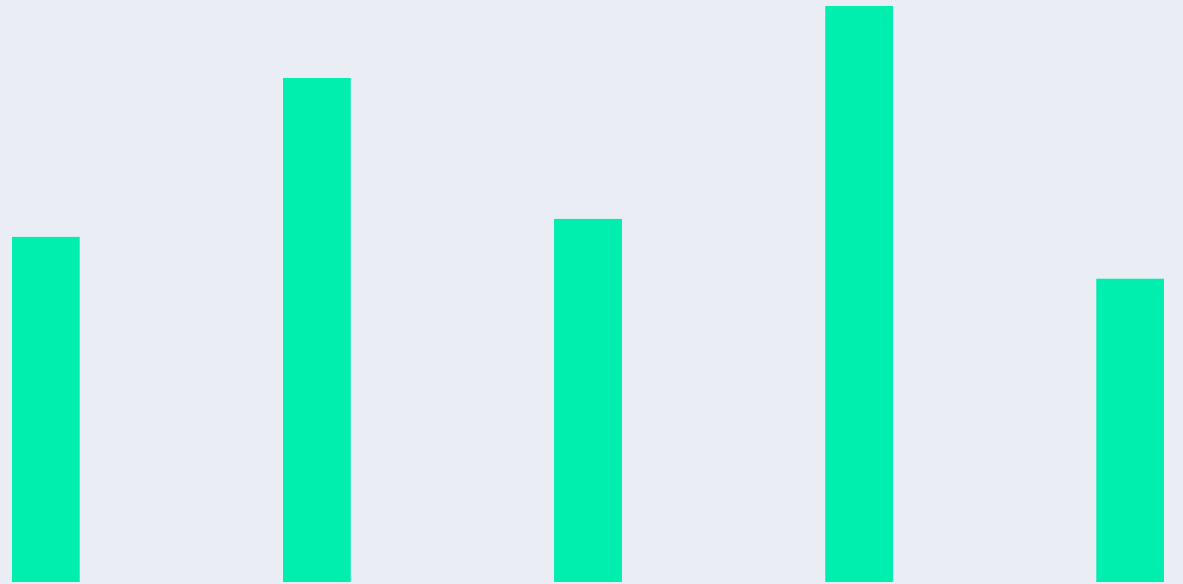
DXC USHC Web Portal
New Accounts Division

To confirm their registration, the user will:

13. Click the **OK** button
14. Check email for the registration confirmation

NOTE: Once the user receives their email confirmation, they may log in to the PWP.

Navigating the PWP



Navigating the PWP

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

Home

Home

Login ?

*User ID
hospizona1

Log In

[Forgot User ID?](#)
[Register Now](#)

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between 12:25 AM PST on Sunday.

What can you do in the Provider Portal
Through this secure and easy to use internet portal, health care providers can...

- Once registered, users may access their accounts from the PWP “Home” page by:

1. Entering the User ID
2. Clicking the Log In button

Navigating the PWP, continued

Computer and Challenge Question

Site Key
The HealthCare Portal uses a personalized site key to protect your privacy online. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.**

Answer the challenge question to verify your identity.

Challenge Question In what city were you born?

3 *Your Answer

[Forgot answer to challenge question?](#)

4 Select This is a personal computer. Register it now.
 This is a public computer. Do not register it.

5 **Continue**

Once the user has clicked the **Log In** button, they will need to provide identity verification as follows:

3. Type in their answer to the **Challenge Question** to verify identity
4. Choose whether log in is on a **personal computer** or **public computer**
5. Click the **Continue** button

Navigating the PWP, continued

Home > Challenge Question > Site Token Password


Confirm Site Key Token and Passphrase

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.
If this is not your site key token or passphrase, do not type your password.
Call the [customer help desk](#) to report the incident.

6 Site Key: 

Passphrase Answer

7 *Password

8 [Sign In](#)

[Forgot Password?](#)

- The user will continue providing identity verification as follows:
6. Confirming that the **Site Key** and **Passphrase** are correct
 7. Entering **Password**
 8. Clicking the **Sign In** button

NOTE: If this information is incorrect, users should not enter their password. Instead, they should contact the help desk by clicking the **Customer help desk** link.

Navigating the PWP, continued

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

My Home | Eligibility | Claims | Care Management | File Exchange | Resources

My Home Thursday 07/05/2018 09:45 AM PST

Provider

Name
Provider ID
Location ID

Broadcast Messages

[Contact Us](#)

[Secure Correspondence](#)

9

Welcome Health Care Professional!

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)
Provider Web Portal Quick Reference Guide [\[Review\]](#)

Once the user has provided identity verification and entered their password, the “My Home” page will display.

From there, the user will need to:

9. Verify all provider information located on the left margin of the screen

NOTE: If this provider information is incorrect, users should contact the Help Desk by clicking the **Contact Us** link in the right side of this page.

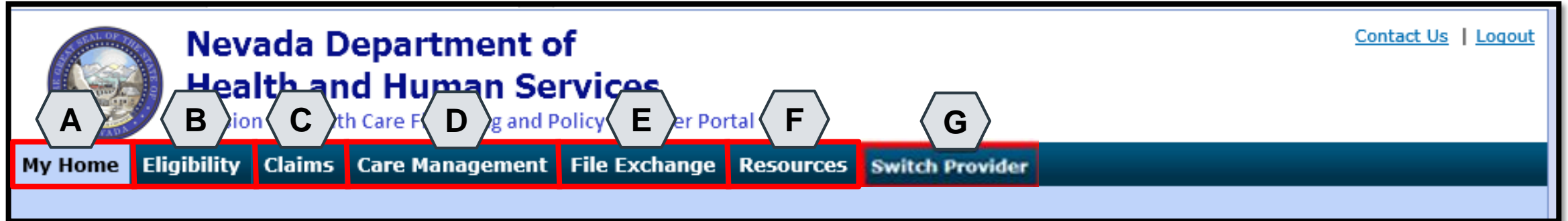
Navigating the PWP, continued

The screenshot shows the Nevada Department of Health and Human Services Provider Web Portal. The header includes the department logo and name, along with navigation tabs: My Home, Eligibility, Claims, Care Management, File Exchange, Resources, Contact Us, and Logout. A red box labeled 'A' highlights the navigation tabs. Below the header, there is a 'My Home' section with a date and time. A 'Provider' section contains fields for Name, Provider ID, and Location ID, with a red box labeled 'D' highlighting 'My Profile' and 'Manage Accounts' links. A 'Broadcast Messages' section is highlighted with a red box labeled 'B', showing a message about hours of availability. A 'Contact Us' and 'Secure Correspondence' section is highlighted with a red box labeled 'C'. A 'Provider Services' section is highlighted with a red box labeled 'E', listing various services like Member Focused Viewing, Search Payment History, Revalidate-Update Provider, Pharmacy PA, PASRR, EHR Incentive Program, EPSDT, and Presumptive Eligibility. A 'Welcome Health Care Professional!' message is followed by a photo of healthcare professionals and a paragraph of text. A red box labeled 'F' highlights links for 'Prior Authorization Quick Reference Guide' and 'Provider Web Portal Quick Reference Guide'.

Once the provider information has been verified, the user may explore the features of the PWP, including:

- A. Additional tabs for users to research eligibility, submit claims and PAs, access additional resources, and more
- B. Important broadcast messages
- C. Links to contact customer support services
- D. Links to manage user account settings, such as passwords and delegate access
- E. Links to additional information regarding Medicaid programs and services
- F. Links to additional PWP resources

Navigating the PWP, continued



The tabs at the top of the page provide users quick access to helpful pages and information:

- A. My Home:** Confirm and update provider information and check messages
- B. Eligibility:** Search for recipient eligibility information
- C. Claims:** Submit claims, search claims, view claims and search payment history
- D. Care Management:** Request PAs, view PA statuses, and maintain favorite providers
- E. File Exchange:** Upload forms online
- F. Resources:** Download forms and documents
- G. Switch Providers:** Where **delegates** can switch between providers to whom they are assigned. The tab is only present when the user is logged in as a delegate

Managing PWP Profiles



Managing Profile

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

My Home | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

My Home Monday 05/07/2018 01:23 PM EST

Provider

Name

Provider ID

Location ID 94

[My Profile](#)

[Manage Accounts](#)

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

[Contact Us](#)

[Secure Correspondence](#)

Welcome Health Care Professional!

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)

Provider Web Portal Quick Reference Guide [\[Review\]](#)

To manage their profile, the user will:

1. Click the **My Profile** link

Managing Profile, continued

My Profile ?

Contact Information

Display Name: hosizona
Phone Number: 1-111-111-1111
Current Email: aaron.barger@dxc.com

[Edit](#)

Roles

Current Roles: Providers

Preferences

Primary Language: English (US)

Challenge Questions


Challenge Question #1: What is your favorite sports team?
Answer to #1

Challenge Question #2: In what city were you born?
Answer to #2

Challenge Question #3: What is your mother's maiden name?
Answer to #3

[Edit](#)

Site Key Token

Site Key: 

Passphrase: [Edit](#)

[Change Password](#)

To update their profile information, the user will:

2. Click the appropriate **Edit** button in the desired section

Managing Profile, continued

The screenshot shows a web form titled "Site Key Token". At the top, there is a note: "* Indicates a required field." Below this, a instruction reads: "Select a Site Key and enter a Pass Phrase then click the **Save** button, or click **Cancel** to go back." The form contains two main sections: "Site Key" and "Passphrase". The "Site Key" section features a horizontal carousel of five image options: an Apple, a Balloon, Balloons (with three balloons), a Baseball, and Billiards. Each image has a radio button below it. The "Balloons" option is selected, indicated by a filled radio button. A red box highlights the "Site Key" section, and a grey hexagon with the number "3" is placed to its left. Below the "Site Key" section is a "Passphrase" field with a text input containing "xxxxxxx" and a required field asterisk. At the bottom of the form, there are two buttons: "Save" and "Cancel". A red box highlights the "Save" button, and a grey hexagon with the number "4" is placed to its left.

Once the user has chosen the profile information and section to be edited, the field(s) will activate. The user will then:

3. Make the desired changes
4. Click the **Save** button

NOTE: In this example, the user has changed the **Site Key** image in the **Site Key Token** section from an "Apple" to a "Balloon".

Managing Profile, continued

The screenshot shows a web form titled "Site Key Token". At the top, there is a blue header bar with the title. Below the header, there is a blue box containing the text: "Update field labels are marked with a '●' icon." and "Review your changes and click the **Confirm** button to save your information." Below this, there is a form area with a red border. Inside the red border, there is a label "Site Key:" followed by a square image of three balloons (red, blue, and yellow). Below the image, there is a label "● Passphrase". At the bottom of the form, there are three buttons: "Edit", "Confirm", and "Cancel". A red box highlights the "Confirm" button. A grey hexagon with the number "5" is positioned to the left of the "Site Key:" label and the image. Another grey hexagon with the number "6" is positioned below the "Confirm" button.

Once the user clicks the **save** button, they will need to confirm their change(s). The user will:

5. Review their change(s) to ensure accuracy
6. Click the **Confirm** button

NOTE: The user may click the **Edit** button to make additional Profile changes or click the **Cancel** button to discard changes made.

Managing Profile, continued

The screenshot shows a 'My Profile' page with the following sections:

- Contact Information:** Display Name: hosizona, Phone Number: 1-111-111-1111, Current Email: aaron.barger@dxc.com. Includes an 'Edit' button.
- Roles:** Current Roles: Providers.
- Preferences:** Primary Language: English (US).
- Challenge Questions:** Three questions with their respective answers.
 - Challenge Question #1: What is your favorite sports team? Answer to #1
 - Challenge Question #2: In what city were you born? Answer to #2
 - Challenge Question #3: What is your mother's maiden name? Answer to #3Includes an 'Edit' button.
- Site Key Token:** Site Key: . Below it is a 'Passphrase' section with a hexagonal icon containing the number '1'.
- Password:** A 'Change Password' button is highlighted with a red box.

In addition to the other profile features, the user may wish to change their login password.

To do this, the user will:

1. Click the **Change Password** button

Managing Profile - Password



Change Password Assistance

1. The Password cannot be the same as your User ID.
2. The Password must be between 8-20 characters.
3. Passwords must contain at least 1 character from **three** of the following categories below:
 - Uppercase letters
 - Lowercase letters
 - Numeric digits (0 through 9)
 - Nonalphanumeric characters: ~!@#\$\$%^&* _-+=` \()\{\} []:;'"<>,./
4. The password cannot be the same as any of the previous 24 passwords.
5. The password cannot be changed more than once in a 24-hour period.

Change Password

* Indicates a required field.

Enter your Current Password, New Password, New Password Confirm

*Current Password

*New Password

*Confirm New Password

Submit

Cancel

NOTE: The **Change Password Assistance** section of the “Change Password” page provides helpful information about system rules and restrictions that users must follow when creating a new password.

Once the user clicks the **Change Password** button, the “Change Password” page will display.

Managing Profile – Password, continued

Change Password

* Indicates a required field.

Enter your Current Password, New Password, New Password Confirmation and click the **Submit** button.

2 *Current Password

3 *New Password

4 *Confirm New Password

5

From the “Change Password” page, users can change their password as follows:

2. Enter their current login password into the **Current Password** field
3. Enter their **New Password**
4. Enter their new password a second time into the **Confirm New Password** field
5. Click the **Submit** button

Adding Delegates



Adding Delegates – New

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". A navigation bar contains links for "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The "My Home" page features a "Provider" section with fields for Name, Provider ID, and Location ID. A "Broadcast Messages" section displays "Hours of Availability" information. A "Welcome Health Care Professional!" message is accompanied by a photo of healthcare workers. A "Provider Services" section lists various options like "Member Focused Viewing" and "Search Payment History". The "Manage Accounts" link is highlighted with a red box and a callout bubble containing the number 1.

To add a new delegate to the system, the user must:

1. Click the **Manage Accounts** link located on their “My Home” page

NOTE: The user must be logged on as a provider. A delegate cannot add another delegate to the system.

Adding Delegates – New, continued

Manage Accounts

Add New Delegate 2 Registered Delegate Add Enrolled Trading Partner

A new delegate is defined as office staff and/or other support staff employed by the provider. New delegates are created by completing the required fields and giving the code generated. Delegates then have access to the provider's information (claims, reports, eligibility inquiries, or other information).

* Indicates a required field.

Enter the fields below and click Submit to generate the delegate code for the new delegate. (Note: Zip code, if applicable, must be added separately.)

3

* First Name

* Last Name

* Birth Date

* Last 4 of DLN

This will take the user to the “Manage Accounts” page.

From there, the user will:

2. Select the **Add New Delegate** tab
3. Enter the **new delegate’s information**: first and last name, date of birth, and the last four digits of their driver’s license number

Adding Delegates – New, continued

Select the functions that the delegate is authorized to access

***Functions**

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

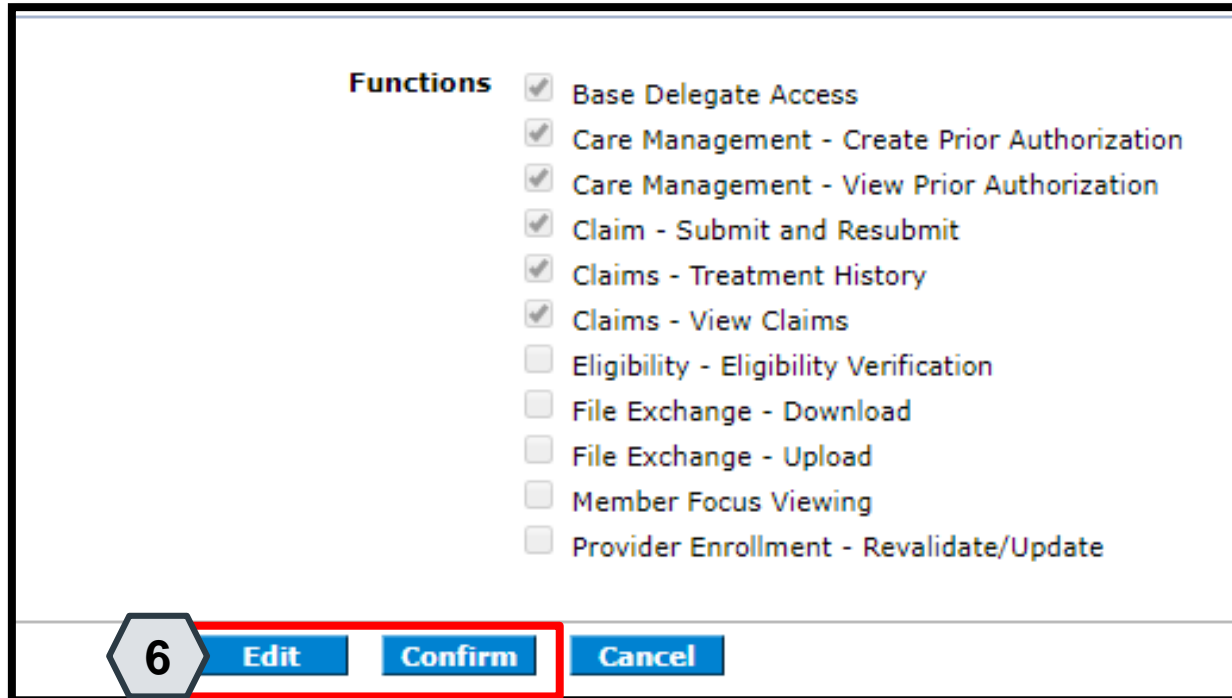
5

Continuing on the “Manage Accounts” page, the user will:

4. Check the boxes to indicate the functions for which the delegate will receive permissions (in this example the user has permitted the delegate access to PA and claims functions)
5. Click the **Submit** button

NOTE: The **Base Delegate Access** check box will automatically be selected. This ensures that the delegate will have basic user access, allowing them to log in to the PWP.

Adding Delegates – New, continued



The screenshot shows a list of functions under the heading "Functions". The list includes:

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

At the bottom of the interface, there are three buttons: "Edit", "Confirm", and "Cancel". A red box highlights the "Confirm" button, and a hexagonal callout with the number "6" points to it.

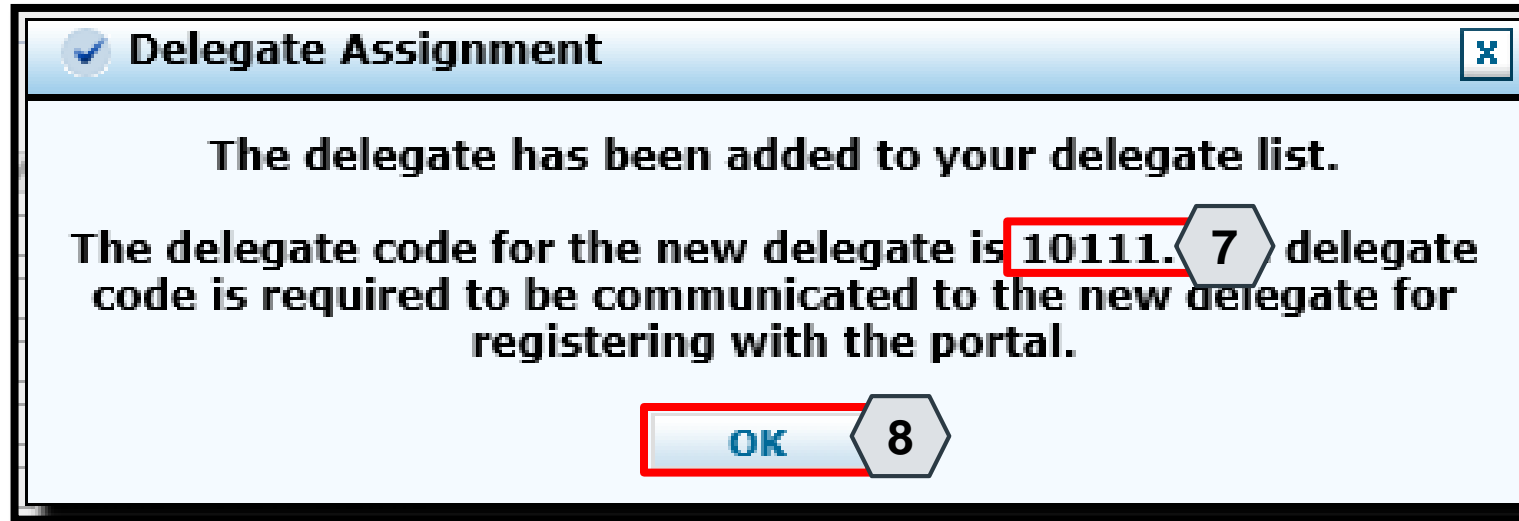
Once the user has clicked the **Submit** button, they will be asked to review and confirm the details.

Once the user has reviewed the information, they will:

6. Click the **Confirm** button to complete the process OR click the **Edit** button to adjust the information provided

NOTE: The user may also click the **Cancel** button to cancel adding the delegate to the system.

Adding Delegates – New, continued



Once the user clicks the **Confirm** button, the delegate will be added to the system, and a pop-up box will appear.

The box will display a delegate code that the delegate will need to use when registering for an account in the PWP.

From here, the user will need to:

7. Make note of the code to share with the new delegate
8. Click the **OK** button

Adding Delegates – New, continued

Manage Accounts [Back to My Home](#) ?

[Add New Delegate](#) [Add Registered Delegate](#) [Add Registered Trading Partner](#)

A new delegate is defined as office staff and/or other support staff employed by the provider who are not registered in the Portal. Providers may grant Portal access to new delegates by completing the required fields and giving the code generated to the individual to then register in the Portal. The new delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.

* Indicates a required field.

Enter the fields below and click Submit to generate the delegate code for the new delegate to register. Note that delegates associated with each location (based on zip code), must be added separately.

*First Name

*Last Name

*Birth Date

*Last 4 of DLN

Select the functions that the delegate is authorized to access

*Functions Base Delegate Access

- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

Delegates

Click the Delegate's **name** to change the status of the delegate.

#	Name ▲	Display Name	Birth Date	Last 4 of DLN	Delegate Code	Decision
1	delegate_test	test delegate	01/01/1980	9999	10111	Active - Pending

Once the delegate is registered, the delegate information, including the **Delegate Code**, will display at the bottom of the “Manage Accounts” page.

The **Decision** field will display the status of the delegate.

- When first registered, this field will display: “Active – Pending”.
- Once the delegate has registered in the PWP using the unique delegate ID, the **Decision** field will display: “Active”.

Adding Delegates - Registered

Manage Accounts

Add New Delegate | **Add Registered Delegate** | Registered Trading Partner

A registered delegate is defined as office staff and/or other support staff employed by the provider who have previously registered in the Portal. Providers may authorize Portal access to a registered delegate by completing the required fields using the delegate's assigned code. The delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.

* Indicates a required field.

Enter the Last Name and the Delegate Code to add that delegate to your delegate list then click **Submit** to proceed.

*Last Name: Barger
*Delegate Code: 10103

Select the functions that the delegate is authorized to access

*Functions

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

Submit | Cancel

A registered delegate is an individual or entity that already has a delegate code and has registered for a PWP account as a delegate.

To grant an existing registered delegate access to a specific provider's account from the "Manage Accounts" page, the user will:

1. Click the **Add Registered Delegate** tab
2. Enter the delegate's information: **Last Name** and **Delegate Code**
3. Check the desired boxes in the **Functions** section
4. Click the **Submit** button

Adding Delegates – Registered, continued

Manage Accounts [Back to My Home](#) ?

Edit Delegate

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

First Name aaron
Last Name barger
Birth Date 01/01/1980
Last 4 of DLN 1234
Delegate Code 10103
Decision Active

Functions

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

5

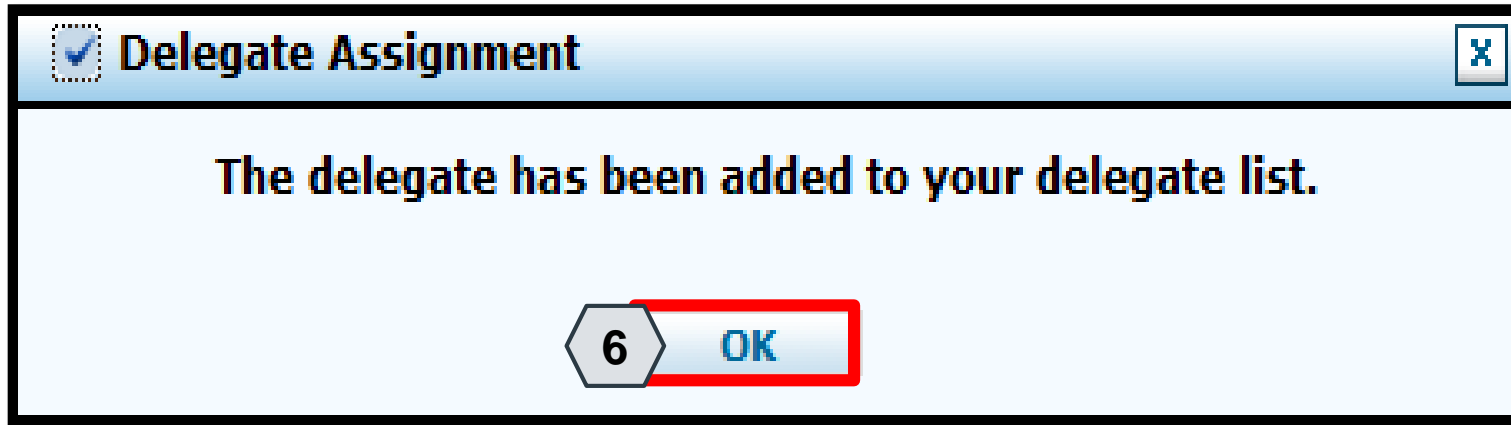
[Edit](#) [Confirm](#) [Cancel](#)

Once the user clicks the **Submit** button, the user will need to confirm the request.

The user will:

5. Click the **Confirm** button

Adding Delegates – Registered, continued



Once the user has clicked the **Confirm** button, a pop-up box will appear confirming that the delegate has been registered to the provider's account.

From there, the user will:

6. Click the **OK** button

Adding Delegates – Registered, continued

Manage Accounts
[Back to My Home](#) ?

Add New Delegate
Add Registered Delegate
Add Registered Trading Partner

A registered delegate is defined as office staff and/or other support staff employed by the provider who have previously registered in the Portal. Providers may authorize Portal access to a registered delegate by completing the required fields using the delegate's assigned code. The delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.

* Indicates a required field.

Enter the Last Name and the Delegate Code to add that delegate to your delegate list then click **Submit** to proceed.

*Last Name

*Delegate Code

Select the functions that the delegate is authorized to access

*Functions

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

Submit
Cancel

Del

Click the delegate's **name** to change the status of the delegate.

#	Name	Display Name	Birth Date	Last 4 of DLN	Delegate Code	Decision
1	barger, aaron	bargera	01/01/1980	1234	10103	Active
2	delegate, test	test delegate	01/01/1980	9999	10111	Active - Pending

Once a delegate has been registered to a provider's account, the information will display at the bottom of the "Manage Accounts" page.

The **Decision** field will display an "Active" status, since this delegate is already a registered PWP user.

To update the delegate's information and functions, the user will:

1. Click the link in the **Name** field

Adding Delegates – Updating

Manage Accounts

Edit Delegate

Select Active or Inactive to change the status and/or modify the functions below, then click the **Submit** button to update the information.

First Name test
Last Name delegate
Birth Date 01/01/1980
Last 4 of DLN 9999
Delegate Code 10111

***Decision** Active Inactive

Select the functions that the delegate is authorized to access

***Functions**

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

Submit **Cancel**

Once the user selects the delegate's name whose account they wish to edit, an **Edit Delegate** panel will appear.

From here, the user may:

2. Review/update the delegate's access under the **Decision** section
3. Review/update the delegate's permissions under the **Functions** section
4. Click the **Submit** button to save any changes OR click the **Cancel** button to cancel any changes

Removing Delegates – Updating, continued

Manage Accounts [Back to My Home](#) ?

Edit Delegate

Select Active or Inactive to change the status and/or modify the functions below, then click the **Submit** button to update the information.

First Name charlie
Last Name brown
Birth Date 01/01/1980
Last 4 of DLN 1234
Delegate Code 10112

***Decision** Active Inactive

Select the functions that the delegate is authorized to access

***Functions**

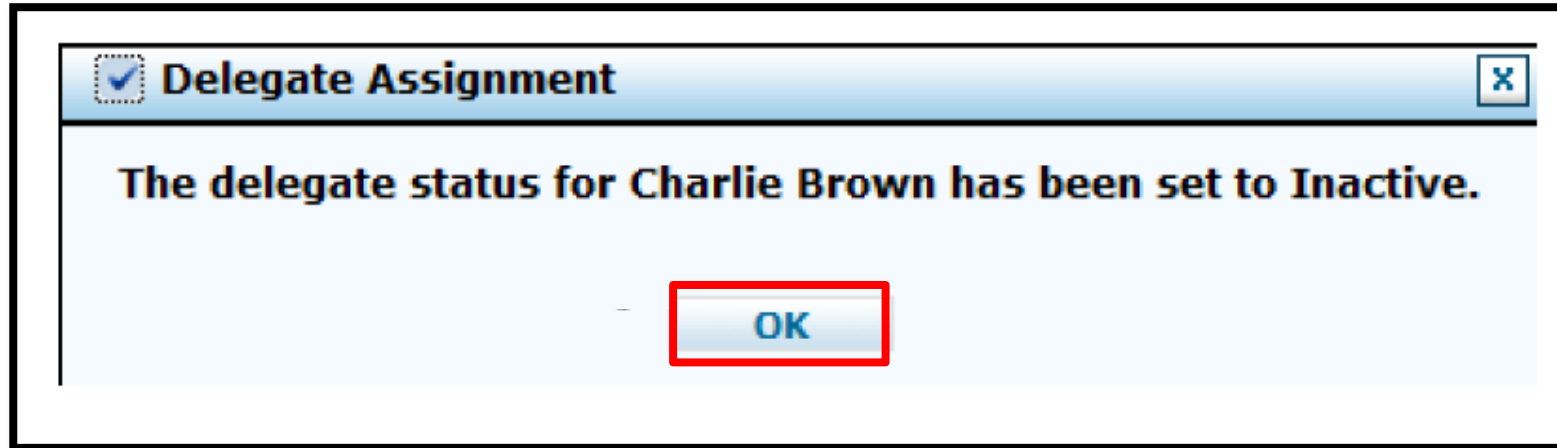
- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

Submit **Cancel**

To remove a delegate, the user will:

- Select “Inactive” next to **Decision**
- Click **Submit**.

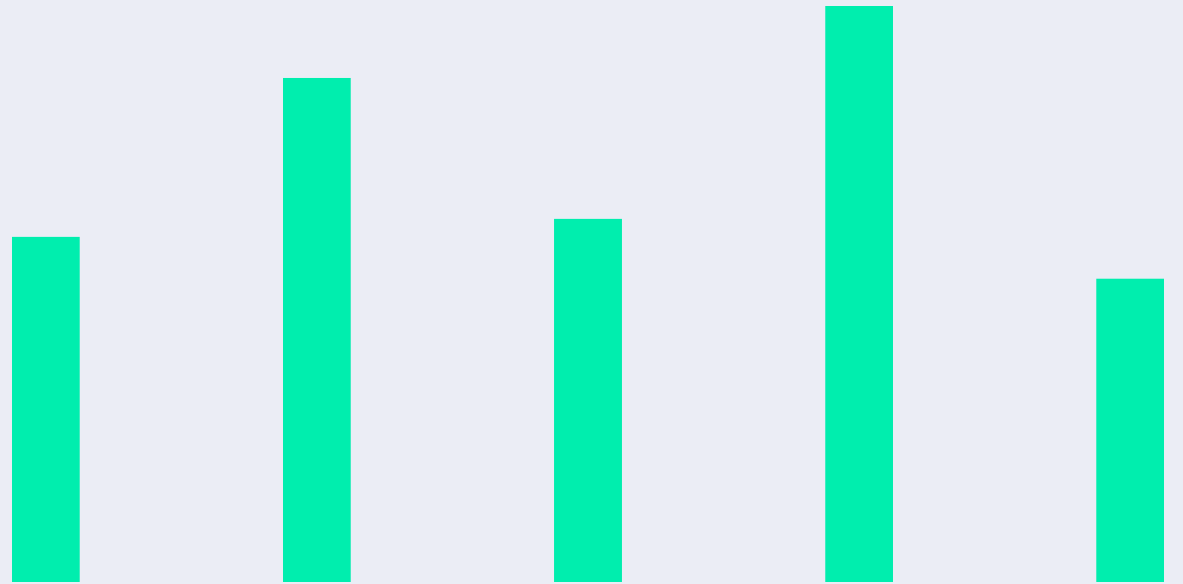
Removing Delegates – Registered, continued



Once the user has clicked **Submit**, a pop-up box will appear confirming that the delegate's status has been set to "Inactive".

From there, the user will click the **OK** button.

Adding Trading Partners (TPs)



Adding Trading Partners

Manage Accounts

Add New Delegate Add Registered Delegate **Add Registered Trading Partner** 1

Enter the Trading Partner Name and/or Trading Partner ID authorized to submit your transactions.

Note: You will not be able to add a Trading Partner until they have been registered and approved.

Trading Partner Name

Trading Partner ID

Validate

Trading Partners

Click on the Trading Partner ID to edit the transactions. Click the Remove link to remove all transactions allowed for the Trading Partner.

#	Trading Partner ID	Trading Partner Name ▲
1	9999	ALM EDI Testers

A TP is an individual or entity that is authorized to submit and download documentation on behalf of a Nevada Medicaid Provider.

Users may authorize TPs to do this from the “Manage Accounts” page:

1. Click the **Add Registered Trading Partner** tab
2. Enter the trading partner’s name and ID
3. Click the **Validate** button

NOTE: Unlike delegates, TPs must enroll in the Medicaid program to receive a Trading Partner Medicaid ID.

Adding Trading Partners, continued

Manage Accounts [Back to My Home](#)

[Add New Delegate](#) [Add Registered Delegate](#) [Add Registered Trading Partner](#)

Enter the Trading Partner Name and/or Trading Partner ID authorized to submit your transactions.

Note: You will not be able to add a Trading Partner until they have been registered and approved.

Trading Partner Name Trader 1
Trading Partner ID 23113726

Select the transaction type that you are authorizing the Trading Partner to submit on your behalf. The list of transaction types shown are the transactions this Trading Partner is approved for.

4

Transactions

- 270/271 Health Care Eligibility Request/Response Batch
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products
- 834 Benefit Enrollment and Maintenance
- 835 Health Care Claim Payment/Advice
- 837P Health Care Claim: Professional
- D.0 - NCPDP - Batch Standard 1.2

5

[Submit](#) [Cancel](#)

Once the user clicks on the **Validate** button, they will need to select the transactions that the TP will be able to submit on the provider's behalf.

To do this, the user will:

4. Select the checkbox adjacent to the desired transactions
5. Click the **Submit** button

Adding Trading Partners, continued

Manage Accounts Back to My Home ?

Add Registered Trading Partner

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

Trading Partner Name Trader 1
Trading Partner ID 23113726

Transactions

- 270/271 Health Care Eligibility Request/Response Batch
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products
- 834 Benefit Enrollment and Maintenance
- 835 Health Care Claim Payment/Advice
- 837P Health Care Claim: Professional
- D.0 - NCPDP - Batch Standard 1.2

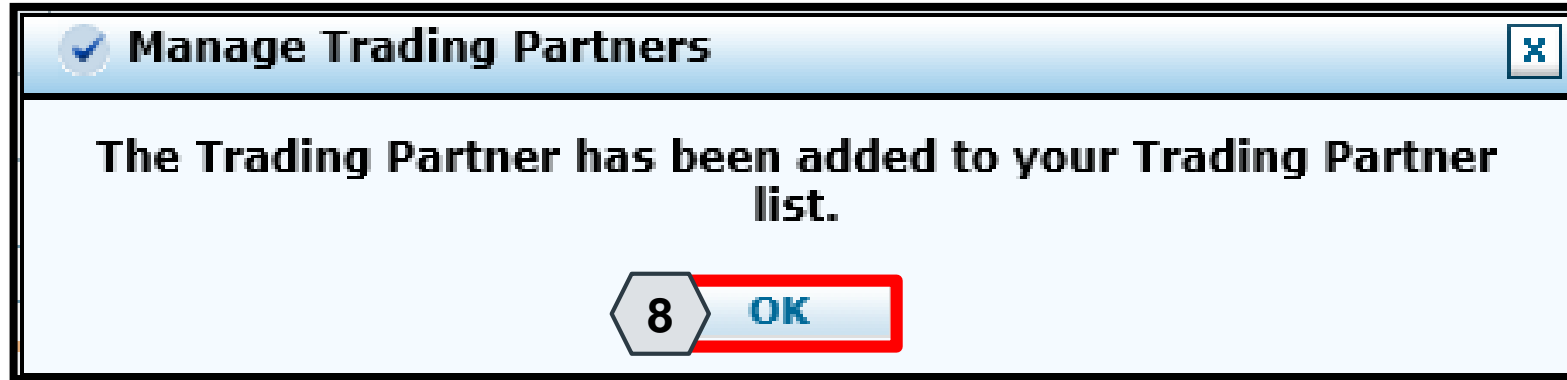
Edit **Confirm** **Cancel**

Next, the user will be prompted to confirm the information.

The user will:

6. Confirm the information
7. Click the **Confirm** button to complete the process OR click the **Edit** button to adjust the information provided

Adding Trading Partners, continued



Once the user clicks the **Confirm** button, the TP will be added and a pop-up box will appear as confirmation.

From here, the user will need to:

8. Click **OK**

Adding Trading Partners, continued

Manage Accounts [Back to My Home](#) ?

[Add New Delegate](#) [Add Registered Delegate](#) [Add Registered Trading Partner](#)

Enter the Trading Partner Name and/or Trading Partner ID authorized to submit your transactions.
Note: You will not be able to add a Trading Partner until they have been registered and approved.

Trading Partner Name

Trading Partner ID

[Validate](#)

Trading Partners

Click on the Trading Partner ID to edit the transactions. Click the Remove link to remove all transactions allowed for the Trading Partner.

#	Trading Partner ID	Trading Partner Name ▲	Action
1	23113726	Trader 1	Remove
2	9999	ALM EDI Testers	Remove

Once added, the TP will appear in a list at the bottom of the **Add Registered Trading Partner** panel. Similar to updating delegates, users may update TP details and permissions by clicking the corresponding link located in the **Trading Partner ID** column.

To remove a TP from the provider's account, the user can click the **Remove** link located under the **Action** column.

Accessing Help



Accessing Help

Manage Accounts [Back to M](#) 1 ?

Add New Delegate Add Registered Delegate Add Registered Trading Partner

A new delegate is defined as office staff and/or other support staff employed by the provider who are not registered in the Portal. Providers may grant Portal access to new delegates by completing the required fields and giving the code generated to the individual to then register in the Portal. The new delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.

* Indicates a required field.

Enter the fields below and click Submit to generate the delegate code for the new delegate to register. Note that delegates associated with each location (based on zip code), must be added separately.

*First Name

*Last Name

*Birth Date

*Last 4 of DLN


Select the functions that the delegate is authorized to access

*Functions

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

No Delegates are assigned to the User.

There are a variety of methods by which a user may get help for the PWP.

First, on many pages and panels throughout the PWP, the user will find a question mark icon .

To use this help feature, the user will:

1. Click the icon

NOTE: In this example, the user is accessing help for the **Add New Delegate** panel.

Accessing Help, continued

2

4

3

Delegate Assignment - Internet Explorer

Text Size Decrease Text Size Increase Text Size

Delegate Assignment

Once a provider has successfully logged on to the provider portal, the provider can add new or registered delegates for the purpose of performing clerical functions on their behalf.

Adding a New Delegate

A new delegate is someone who is not currently associated with any other provider registered with the Portal and currently has no delegate code. A delegate code is system generated by the Portal. This code will be given to the new user by the provider and will be requested at the time of user registration by the Portal for validation.

1. Enter the new delegate's first name.
2. Enter the new delegate's last name.
3. Enter the new delegate's date of birth, or click the calendar icon to select the date.
4. Enter the last four digits of the new delegate's driver's license number.
5. Click **Submit**.

Note: A table of existing and previously added delegates appears at the bottom of the panel.

Adding a Registered Delegate

A delegate may perform clerical functions for multiple providers. An existing delegate is someone who is currently associated with one or more providers registered with the Portal. The provider must obtain the existing delegate's delegate code that was issued when the delegate initially registered with the Portal in order to add them as a delegate.

1. Enter the existing delegate's last name.
2. Enter the existing delegate's delegate code.
3. Click **Submit** or press the Enter key to have the system associate the existing delegate to the new provider.

Note: A table of existing, or previously added delegates appears at the bottom of the panel.

Inactivate delegate

The provider can release a delegate from their current list of delegates. A delegate may perform clerical functions for multiple providers, therefore inactivating a delegate will only release the individual for the current provider's list.

Click Inactivate or press the Enter key to have the system release the delegate from the provider.

A confirmation message appears stating that the delegate status was set to Inactive.

Once the user clicks the **help** icon, a new window will pop-up and display information on how to perform tasks using the panels or pages in question.

From here the user will:

2. Review the help file as needed
3. Click the **slider bar** to scroll for more information
4. Click the **X** button to close the window when finished

Accessing Help, continued

Text Size [Decrease Text Size](#) [Increase Text Size](#)

--

Delegate Assignment

Once a provider has successfully logged on to the provider portal, the provider can add new or registered delegates for the purpose of performing clerical functions on their behalf.

Adding a New Delegate

A new delegate is someone who is not currently associated with any other provider registered with the Portal and currently has no delegate code. A delegate code is system generated by the Portal. This code will be given to the new user by the provider and will be requested at the time of user registration by the Portal for validation.

1. Enter the new delegate's first name.
2. Enter the new delegate's last name.
3. Enter the new delegate's date of birth, or click the calendar icon to select the date.
4. Enter the last four digits of the new delegate's driver's license number.
5. Click **Submit**.

Note: A table of existing and previously added delegates appears at the bottom of the panel.

Each help file page includes step-by-step instructions on how to perform tasks.

This example lists the five specific steps for **Adding a New Delegate**.

Accessing Help – Guides

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

My Home | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources**

My Home Friday 07/06/2018 12:33 PM PST

Provider

Name
Provider ID
Location ID

▶ [My Profile](#)
▶ [Manage Accounts](#)

Provider Services

▶ [Member Focused Viewing](#)
▶ [Search Payment History](#)
▶ [Revalidate-Update Provider](#)
▶ [Pharmacy PA](#)
▶ [PASRR](#)
▶ [EHR Incentive Program](#)
▶ [EPSDT](#)
▶ [Presumptive Eligibility](#)

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

[Contact Us](#)
[Secure Correspondence](#)

Welcome Health Care Professional!

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide	[Review]
Provider Web Portal Quick Reference Guide	[Review]

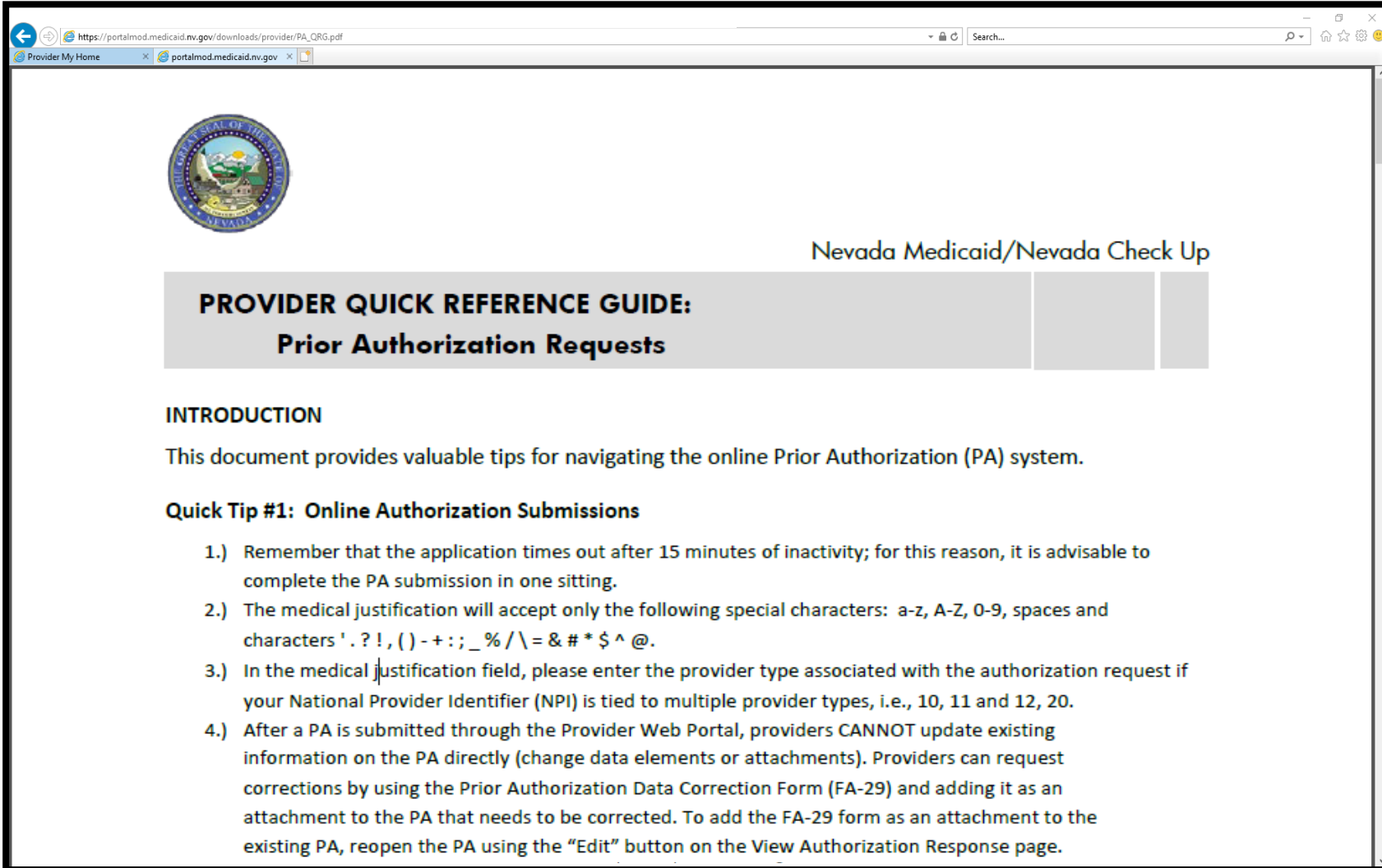
1

Toward the bottom of the PWP “Home” page, the user will find quick reference guides.

To access one of these guides, the user will:

1. Click the **Review** button adjacent to the desired guide

Accessing Help – Guides, continued



The screenshot shows a web browser window with the address bar displaying https://portalmod.medicaid.nv.gov/downloads/provider/PA_QRG.pdf. The page content includes the Nevada state seal, the text "Nevada Medicaid/Nevada Check Up", and a prominent header: **PROVIDER QUICK REFERENCE GUIDE: Prior Authorization Requests**. Below the header, the section "INTRODUCTION" begins with the text: "This document provides valuable tips for navigating the online Prior Authorization (PA) system." A "Quick Tip #1: Online Authorization Submissions" section follows, containing four numbered instructions:

- 1.) Remember that the application times out after 15 minutes of inactivity; for this reason, it is advisable to complete the PA submission in one sitting.
- 2.) The medical justification will accept only the following special characters: a-z, A-Z, 0-9, spaces and characters ' . ? ! , () - + : ; _ % / \ = & # * \$ ^ @.
- 3.) In the medical justification field, please enter the provider type associated with the authorization request if your National Provider Identifier (NPI) is tied to multiple provider types, i.e., 10, 11 and 12, 20.
- 4.) After a PA is submitted through the Provider Web Portal, providers CANNOT update existing information on the PA directly (change data elements or attachments). Providers can request corrections by using the Prior Authorization Data Correction Form (FA-29) and adding it as an attachment to the PA that needs to be corrected. To add the FA-29 form as an attachment to the existing PA, reopen the PA using the "Edit" button on the View Authorization Response page.

Once the user clicks to open the desired guide, it will appear in a new browser window.

This example shows the quick reference guide for submitting PA requests.

Accessing Help – Resources

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. At the top left is the state seal. The main header reads "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". A navigation bar contains tabs: "My Home", "Eligibility", "Claims", "Care Management", "File Excl", "Resources", and "Downloads". The "Resources" tab is highlighted with a red box and a callout "1". The "Downloads" link is also highlighted with a red box and a callout "2". Below the navigation bar, there are sections for "Provider" (with fields for Name, Provider ID, and Location ID), "Broadcast Messages" (with "Hours of Availability" information), and "Provider Services" (with links for Member Focused Viewing, Search Payment History, Revalidate-Update Provider, and Pharmacy PA). A "Welcome Health Care Professional!" message is displayed above a photo of healthcare workers.

Additional help resources like the quick reference guides will be available from the **Resources** tab. To access these, the user will:

1. Hover over **Resources**
2. Click **Downloads**

Accessing Help – Resources, continued



 **Nevada Department of Health and Human Services**
Division of Health Care Financing and Policy Provider Portal

My Home | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources**

Search Providers | Search Fee Schedule | **Downloads**

[Resources](#) > Downloads

Prior Authorization Tutorials

▶ [Prior Authorization Tutorial](#) **3**

Once the user clicks the **Downloads** link, the “Downloads” page will appear with a list of available downloads.

From here, the user may:

3. Click the desired resource

Accessing Help – Resources, continued



The resource will then open in a separate browser window. The document may be downloaded from there. Depending upon the user's chosen browser, the download process may vary.

Accessing Help – Help Desk

The screenshot shows the Nevada Department of Health and Human Services website. At the top right, there is a [Contact Us](#) link highlighted with a red box. Below the navigation bar, there is a [Contact Us](#) link with a telephone icon, also highlighted with a red box and a callout box labeled '1'. To the right of this link is a [Secure Correspondence](#) link with an envelope icon. The page also features a 'Broadcast Messages' section with 'Hours of Availability' information and a 'Welcome Health Care Professional!' message with a photo of healthcare workers.

If the user is unable to locate the information or resources, they need from the documentation in the PWP, the user may contact the help desk. From the “Home” page, the user will:

1. Click one of the **Contact Us** links

An additional **Contact Us** link is located at the top of the PWP. This link is present on any page throughout the system and is always accessible when the user is logged in.

Accessing Help – Help Desk, continued

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > [Contact Us](#) Friday 07/06/2018 04:07 PM EST

Contact Us

Use this directory to contact us by phone or mail.
General questions, comments or technical assistance may be [submitted online](#) by clicking the Online link at the bottom of the page:

- [Electronic Billing](#)
- [Electronic Health Records \(EHR\) Incentive Program](#)
- [General Information](#)
- [Mailing Address](#)
- [Managed Care](#)
- [PASRR/LOC](#)
- [Pharmacy](#)
- [Prior Authorization](#)
- [Provider Enrollment](#)
- [Provider Training](#)
- [Public Hearings](#)
- [TPL Identification and Recovery](#)
- [Web Sites](#)

General Information

Customer Service Center

Claim inquiries and general information

Phone: (877) 638-3472

Nevada Medicaid Central Office

State policy inquiries and Fair Hearing requests

Mailing Address:
1100 East William St.

Once the user clicks the **Contact Us** link, the “Contact Us” page will appear.

From here, the user may:

2. Scroll through the directory OR click the desired option from the list to navigate directly to the selected section

Accessing Help – Secure Correspondence

The screenshot shows the Nevada Department of Health and Human Services website. At the top, there is a navigation bar with links for 'Claims', 'Care Management', 'File Exchange', and 'Resources'. Below this, a 'Broadcast Messages' box contains information about the website's hours of availability. To the right of this box, there is a 'Contact Us' link with a telephone icon. Below the 'Contact Us' link, the 'Secure Correspondence' link is highlighted with a red rectangular box, and a grey callout bubble with the number '1' points to it. Below the 'Secure Correspondence' link, there is a 'Welcome Health Care Professional!' message and a photograph of five healthcare professionals. At the bottom, there is a paragraph of text stating the department's commitment to making it easier for providers to perform their business.

The user may also communicate with the provider help desk via Secure Correspondence. This feature will allow the user to send a message securely without calling.

To access this feature, the user will:

1. Click the **Secure Correspondence** link on the “Home” page

Accessing Help – Secure Correspondence, continued

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > Secure Correspondence Friday 07/06/2018 04:37 PM EST

Secure Correspondence - Message Box [Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

2 [Create New Message](#)

Total Records: 2

Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Open	4215	Help	Other	07/06/2018	07/06/2018
Open	4214	Help	Other	07/06/2018	07/06/2018

Once the user clicks the **Secure Correspondence** button, the “Secure Correspondence” page will appear. On this page, users will be able to review any previously submitted correspondence and create new ones.

From there, the user will:

2. Click the **Create New Message** link

Accessing Help – Secure Correspondence, continued

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > [Secure Correspondence](#) > Create Message Friday 07/06/2018 04:32 PM EST

Secure Correspondence - Create Message [Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence to the plan or click **Cancel** to go back.

Technical Support will accept Provider Web Portal usage issues submitted through this page except for those relating to prior authorization. For pharmacy prior authorization questions call 855-455-3311. For non-pharmacy prior authorization questions, call 800-525-2395. For non-technical support related issues, please go to www.medicaid.nv.gov or call 1-877-638-3472.

* Indicates a required field.

***Subject** Help

***Message Category** Other

Email hospizona@provider.com

Confirm Email hospizona@provider.com

***Preferred Method of Communication** Email

***Message** Test message...

3

4 **Send** **Cancel**

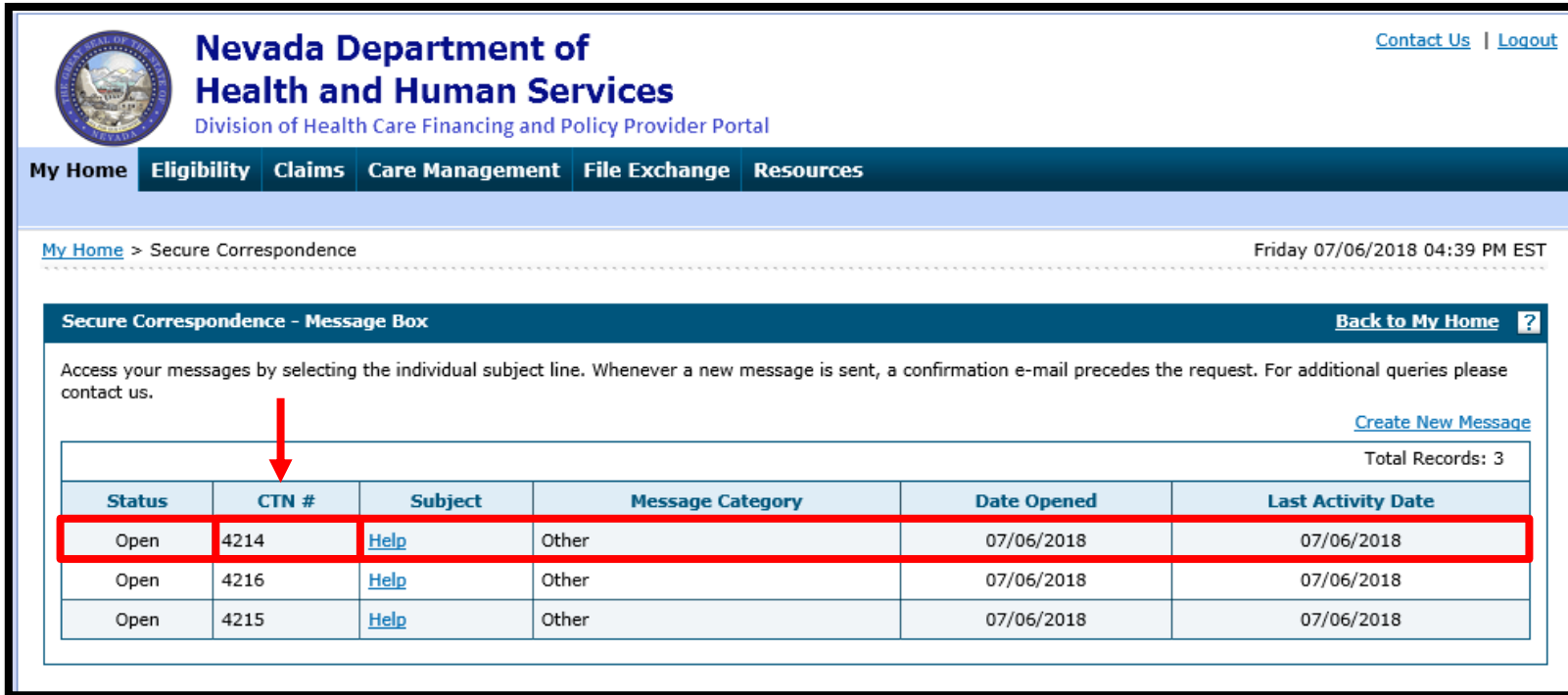
Once the user clicks the **Create New Message** link, the “Create Message” page will appear.

From there, the user will:

3. Complete all fields
4. Click the **Send** button

NOTE: The **Email** and **Confirm Email** fields are optional but will be necessary if the user wishes to receive a response by email.

Accessing Help – Secure Correspondence, continued



Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > Secure Correspondence Friday 07/06/2018 04:39 PM EST

Secure Correspondence - Message Box [Back to My Home](#) [?](#)

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us. [Create New Message](#)

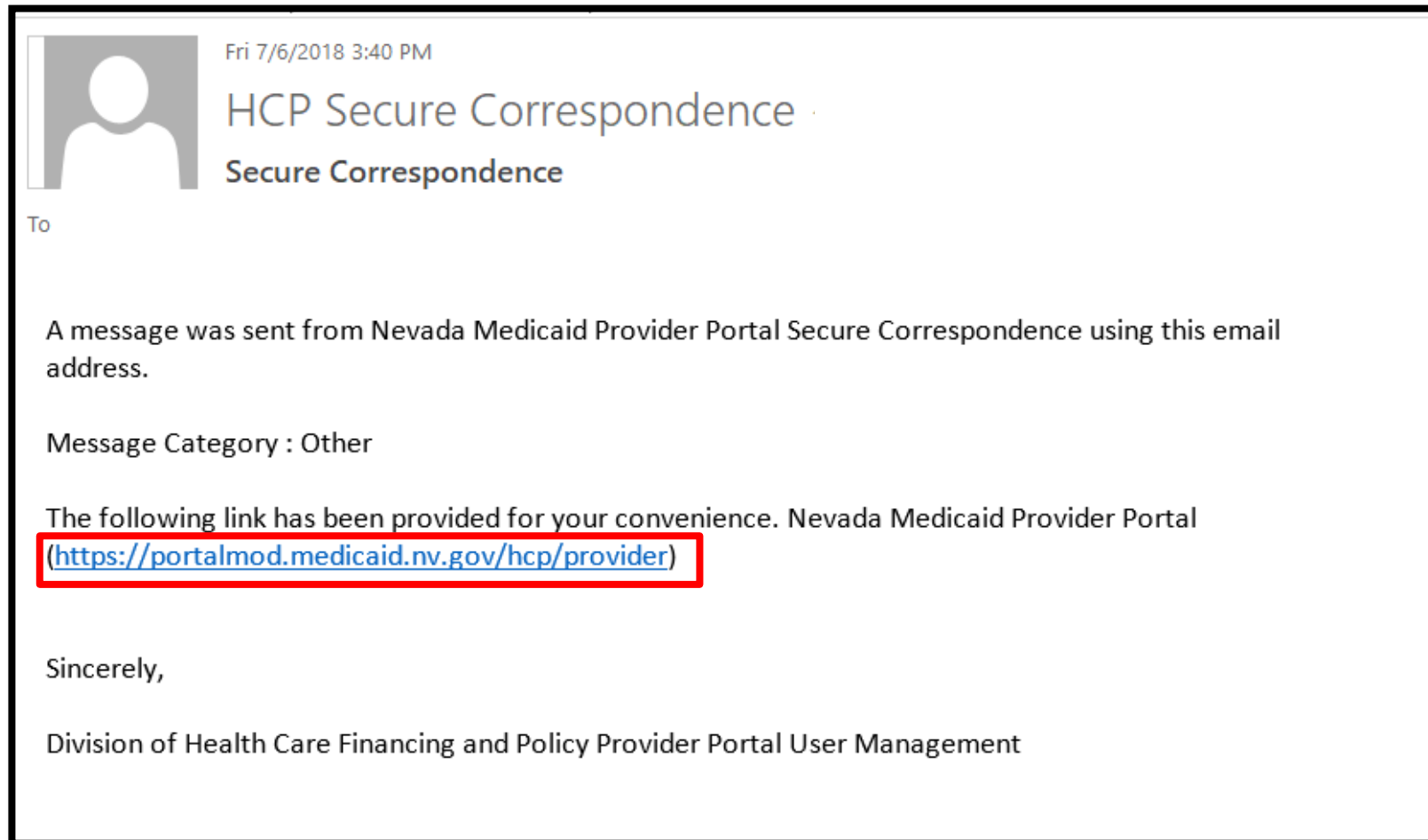
Total Records: 3

Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Open	4214	Help	Other	07/06/2018	07/06/2018
Open	4216	Help	Other	07/06/2018	07/06/2018
Open	4215	Help	Other	07/06/2018	07/06/2018

Once the user clicks **Send**, the message will be sent to the Help Desk to be reviewed and will also appear in the **Message Box** list.

Once the message is created, it receives a Contact Tracking Number (CTN) that uniquely identifies the correspondence.

Accessing Help – Secure Correspondence, continued



Additionally, once the correspondence has been submitted, the user will receive an email confirmation. The email will also contain a link to the correspondence for convenience.

NOTE: Once the user clicks the link in the email, they will need to log in to the portal to review the correspondence.

Accessing Help – Secure Correspondence, continued

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Closed	4214	Help	Other	07/06/2018	07/06/2018
Open	4216	Help	Other	07/06/2018	07/06/2018
Open	4215	Help	Other	07/06/2018	07/06/2018

To quickly determine if a response has been provided, the user will return to the “Secure Correspondence” page and note two columns:

- A. Status:** Shows whether the correspondence is “Open” or “Closed”.
- B. Last Activity Date:** Shows the last date of activity on the correspondence. This will allow the user to identify when any new updates have been made.

NOTE: The user will not receive an email when a response is provided. The user will need to monitor the correspondence by checking the “Secure Correspondence” page periodically.

Accessing Help – Secure Correspondence, continued

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > Secure Correspondence Friday 07/06/2018 02:19 PM PST

Secure Correspondence - Message Box [Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us. [Create New Message](#)

Total Records: 3

Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Closed	4214	Help	Other	07/06/2018	07/06/2018
Open	4216	Help	Other	07/06/2018	07/06/2018
Open	4215	Help	Other	07/06/2018	07/06/2018

Once a correspondence has been updated, the user may review the response:

5. Click the link located in the **Subject** column

Accessing Help – Secure Correspondence, continued

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

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[My Home](#) > [Secure Correspondence](#) > Secure Correspondence Detail Monday 07/09/2018 07:23 AM PST

Secure Correspondence - Message Detail [Back to Message Box](#) ?

* Indicates a required field.

CTN #	4216	Status	Closed				
Subject	Not Specified	Date Opened	07/06/2018				
Message Category	Other	Date of Last Activity	07/06/2018				
Correspondence	<table><tr><td>Message Received</td><td>Date: 07/06/2018 02:55:20 PM Answer provided.</td></tr><tr><td>Message Sent</td><td>Date: 07/06/2018 01:39:02 PM Subject: Help, Email: aaron.barger@dxc.com Message: Test message...</td></tr></table>			Message Received	Date: 07/06/2018 02:55:20 PM Answer provided.	Message Sent	Date: 07/06/2018 01:39:02 PM Subject: Help, Email: aaron.barger@dxc.com Message: Test message...
Message Received	Date: 07/06/2018 02:55:20 PM Answer provided.						
Message Sent	Date: 07/06/2018 01:39:02 PM Subject: Help, Email: aaron.barger@dxc.com Message: Test message...						

Once the user clicks the link, the correspondence will open, and the response message will appear in the **Message Received** field.

If the status is marked as “Closed”, then the issue is considered resolved and the user will not be able to respond to this correspondence.

Accessing Help – Secure Correspondence, continued

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

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My Home | Eligibility | Claims | Care Management | File Exchange | Resources

My Home > Secure Correspondence > Secure Correspondence Detail Monday 07/09/2018 07:49 AM PST

Secure Correspondence - Message Detail [Back to Message Box](#) ?

* Indicates a required field.

CTN # 4216 **Status** Open
Subject Not Specified Date Opened 07/06/2018
Message Category Other Date of Last Activity 07/06/2018

*Reply 6

7

Correspondence

Message Received	Date: 07/06/2018 02:55:20 PM Answer provided.
Message Sent	Date: 07/06/2018 01:39:02 PM Subject: Help, Email: aaron.barger@dxc.com Message: Test message...

If the status remains “Open”, then the **Reply** field will be available.

To continue the correspondence, the user may:

6. Enter the response
7. Click the **Send** button

Questions & Answers

Member/Recipient Eligibility Verification



Objectives

1. At the end of this training, participants will be able to:
 - Search for a Member's Benefit Eligibility
 - View a Member's Benefit Details
 - View a Member's Third-Party Coverage

Searching for a Member's Benefit Eligibility



Searching for a Member's Benefit Eligibility



1. Hover over Eligibility
2. Select Eligibility Verification

Searching for a Member's Benefit Eligibility, continued

The screenshot shows a web form titled "Eligibility Verification Request". At the top, there is a blue header bar with the title and a help icon. Below the header, a red asterisk indicates a required field. The main instruction reads: "Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please verify response below as not all information is currently used during search." The form contains several input fields: "Recipient ID" (with value 48317469498), "Last Name", "First Name", "SSN", and "Birth Date". Below these are "Effective From" (12/05/2018) and "Effective To" (12/31/2018) date pickers. A section titled "Service Type Code Search" contains a dropdown menu with "30-Health Benefit Plan Coverage" selected. At the bottom, there are "Submit" and "Reset" buttons. Numbered callouts (3, 4, 5, 6) are placed over the form: 3 is over the recipient information fields, 4 is over the effective date range, 5 is over the service type code dropdown, and 6 is over the Submit button.

3. Enter a Recipient ID; SSN and Birth Date; or First Name, Last Name, and Birth Date.
 4. Select the Effective From and To date range (defaults to current date).
 5. Select the Service Type Code.
 6. Click the Submit button.
- NOTE: Click the Reset button to clear the fields and start a new search.

Viewing a Member's Benefit Details

Eligibility Verification Request

* Indicates a required field.
Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please ensure the information is currently used during search.

Recipient ID Last Name First Name
 SSN Birth Date
 *Effective From 12/05/2018 Effective To 12/31/2018

Service Type Code Search

Service Type Code

Eligibility Verification Information for NYEPCPPY KRXOXE from 12/05/2018 to 12/31/2018

Recipient ID	Birth Date		
Coverage	Effective Date	End Date	
Medicaid Fee For Service	12/05/2018	12/31/2018	0000000000
Qualified Medicare Beneficiaries	12/05/2018	12/31/2018	0000000000
Special Low Income Medicare Beneficiaries	12/05/2018	12/31/2018	0000000000

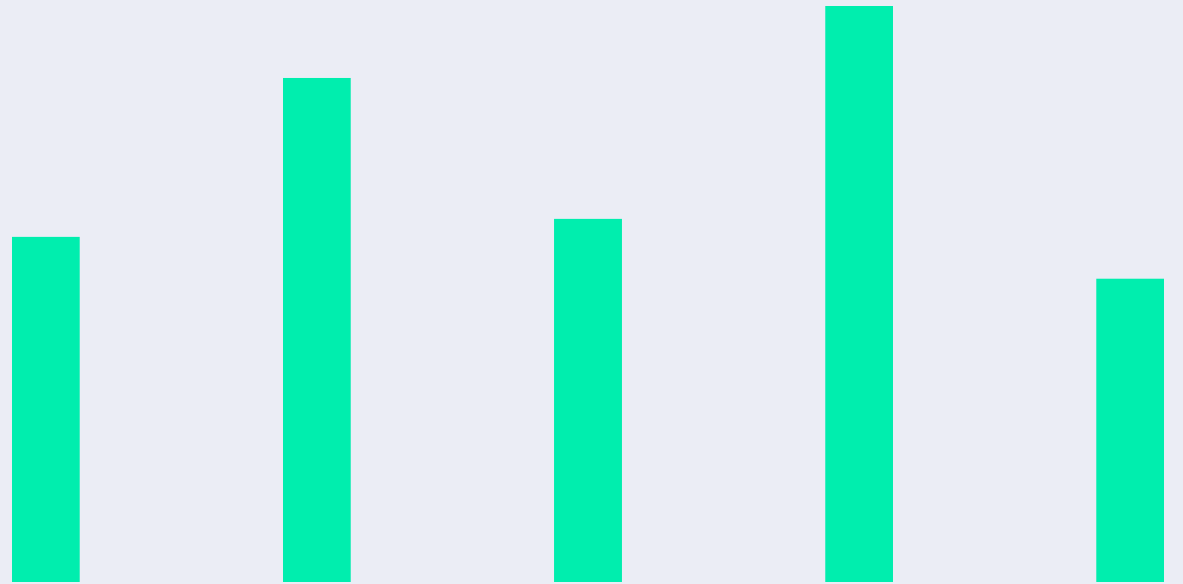
[Other Insurance Detail Information](#)

The results display below the **Eligibility Verification Request** panel. Verify the recipient displayed matches the recipient for whom you were searching.

Information in this panel lists all eligible coverage from Managed Care Organizations (MCOs) and a link to other health coverage (OHC) and third-party insurance details.

NOTE: The system will display an error message if the member is not found or does not have eligible benefits during the given effective date range.

Viewing a Member's Benefit Details



Viewing a Member's Benefit Details

Eligibility Verification Request

* Indicates a required field.
Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please note that Recipient ID information is currently used during search.

Recipient ID Last Name First Name
SSN Birth Date

*Effective From Effective To

Service Type Code Search

Service Type Code

Eligibility Verification Information for NYEPCPPY KRXOXI from 12/05/2018 to 12/31/2018

Recipient ID Birth Date 03/06/1939

Coverage	Effective Date	End Date	
Medicaid Fee For Service	12/05/2018	12/31/2018	0000000000
Qualified Medicare Beneficiaries	12/05/2018	12/31/2018	0000000000
Special Low Income Medicare Beneficiaries	12/05/2018	12/31/2018	0000000000

[Other Insurance Detail Information](#)

From the **Eligibility Verification Request** panel:

1. Select any of the **Coverage** links to view details about all available coverage benefits.

NOTE: The Effective and End Dates in the results panel match the range you used in the search criteria.

Viewing a Member's Benefit Details, continued

Coverage Details [Print Preview](#) [Back to Eligibility Verification Request](#) ?

Coverage Details for NYEPCPPY KRXXOXE from 12/05/2018 to 12/31/2018

Verification Response ID 1833900004 [Expand All](#) [Collapse All](#)

Coverage	Description	Effective Date	End Date
Medicaid Fee For Service	The Medicaid Program is a State administered, federal grant-in-aid program. Its purpose is to help meet the cost of medical services of those individuals receiving public assistance payments, and those individuals and families with low income. The program objective is to provide a broad range of medical and related services to assist individuals to attain or retain an optimal level of health care. Medicaid is jointly funded by the federal and state governments and is administered by the State.	12/05/2018	12/31/2018
Qualified Medicare Beneficiaries	Individual is eligible for Medicare Part A. Special category of Medicaid members for whom Medicaid pays Medicare premiums (Part A and/or Part B), coinsurance and deductibles for Medicare services provided by Medicare providers.	12/05/2018	12/31/2018
Special Low Income Medicare Beneficiaries	Medicaid covers only Part B Medicare premium payment for aged and disabled individuals with income 100-120% of FPL who are entitled (eligible to enroll) to Medicare Part A.	12/05/2018	12/31/2018

Copayment Details +

Coinsurance Details +

Deductible Details +

Demographic Details +

After clicking any of the coverage links, the “Coverage Details” page displays, listing details about each coverage benefit in sections.

The available sections will depend on the types of coverage the member has.

Most sections initially display as hidden. Click the (+) symbol to expand the section and view the details or click the **Expand All** link to expand all sections.

NOTE: Log the **Verification Response ID** for future reference. The ID identifies this specific eligibility verification instance.

Viewing a Member's Benefit Details, continued

[Print Preview](#)

Coverage Details [Back to Eligibility Verification Request](#) ?

Coverage Details for NYEPCPPY KRXXOXE from 12/05/2018 to 12/31/2018
 Verification Response ID 1833900004

Benefit Details

Coverage	Description	Effective Date	End Date
Medicaid Fee For Service	The Medicaid Program is a State administered, federal grant-in-aid program. Its purpose is to help meet the cost of medical services of those individuals receiving public assistance payments, and those individuals and families with low income. The program objective is to provide a broad range of medical and related services to assist individuals to attain or retain an optimal level of health care. Medicaid is jointly funded by the federal and state governments and is administered by the State.	12/05/2018	12/31/2018
Qualified Medicare Beneficiaries	Individual is eligible for Medicare Part A. Special category of Medicaid members for whom Medicaid pays Medicare premiums (Part A and/or Part B), coinsurance and deductibles for Medicare services provided by Medicare providers.	12/05/2018	12/31/2018
Special Low Income Medicare Beneficiaries	Medicaid covers only Part B Medicare premium payment for aged and disabled individuals with income 100-120% of FPL who are entitled (eligible to enroll) to Medicare Part A.	12/05/2018	12/31/2018

Copayment Details

Coverage	Service Type	Amount
Medicaid Fee For Service	Hospital - Inpatient	\$0.00
Medicaid Fee For Service	Hospital	\$0.00

Coinsurance Details

Coverage	Service Type	Percentage
Medicaid Fee For Service	Hospital - Inpatient	0%
Medicaid Fee For Service	Hospital	0%

Deductible Details

A. The **Benefit Details** section will always be available. This section lists all active coverage for the date range and provides descriptions of each coverage type.

B. The **Copayment Details** section lists all copayments that a member could have for services during the date range

NOTE: Most sections list all applicable service types and their associated amounts or percentages on separate lines. Only a few lines are shown in these examples.

Viewing a Member's Benefit Details, continued

Medicaid Fee For Service	Hospital - Inpatient	\$0.00	
Medicaid Fee For Service	Hospital	\$0.00	
C Insurance Details			
Coverage	Service Type	Percentage	
Medicaid Fee For Service	Hospital - Inpatient	0%	
Medicaid Fee For Service	Hospital	0%	
D Deductible Details			
Coverage	Service Type	Amount	
Medicaid Fee For Service	Hospital - Inpatient	\$0.00	
Medicaid Fee For Service	Hospital	\$0.00	
E Managed Care Assignment Details			
Primary Care Provider	Type	Provider Phone	Benefit Plan
Anthem Blue Cross and Blue Shield	Health Benefit Plan Coverage	1-999-999-9999	Managed Care Organization
LIBERTY DENTAL PLAN OF NEVADA INC	Health Benefit Plan Coverage	0	Dental Benefit Administrator
MEDICAL TRANSPORTATION MANAGEMENT INC	Health Benefit Plan Coverage	1-999-999-9999	Non Emergency Transportation
Current MCO and DBA			NPI/API
Anthem Blue Cross and Blue Shield			
LIBERTY DENTAL PLAN OF NEVADA INC			1740706985
MEDICAL TRANSPORTATION MANAGEMENT INC			1134260078
F Demographic Details			
Street Address	5965 UJHHACA FRXRQM QVF		
City	N LAS VEGAS	State	NEVADA
		Zip Code	89086

- C. The **Coinsurance Details** section lists all coinsurance payments that a member could have for services during the date range.
- D. The **Deductible Details** section lists all deductibles that a member could have for services during the date range.
- E. The **Managed Care Assignment Details** section lists information about a member's managed care providers and their contact details.
- F. The **Demographic Details** will always be available. This section lists the member's address.

Viewing a Member's Benefit Details, continued

Coverage Details

Coverage Details for NYEPCPPY KRXOXE from 12/05/2018 to 12/31/2018
Verification Response ID 1833900004

[Print Preview](#)

[Back to Eligibility Verification Request](#)

[Expand All](#) | [Collapse All](#)

Coverage	Description	Effective Date	End Date
Medicaid Fee For Service	The Medicaid Program is a State administered, federal grant-in-aid program. Its purpose is to help meet the cost of medical services of those individuals receiving public assistance payments, and those individuals and families with low income. The program objective is to provide a broad range of medical and related services to assist individuals to attain or retain an optimal level of health care. Medicaid is jointly funded by the federal and state governments and is administered by the State.	12/05/2018	12/31/2018
Qualified Medicare Beneficiaries	Individual is eligible for Medicare Part A. Special category of Medicaid members for whom Medicaid pays Medicare premiums (Part A and/or Part B), coinsurance and deductibles for Medicare services provided by Medicare providers.	12/05/2018	12/31/2018
Special Low Income Medicare Beneficiaries	Medicaid covers only Part B Medicare premium payment for aged and disabled individuals with income 100-120% of FPL who are entitled (eligible to enroll) to Medicare Part A.	12/05/2018	12/31/2018

Copayment Details +

Coinsurance Details +

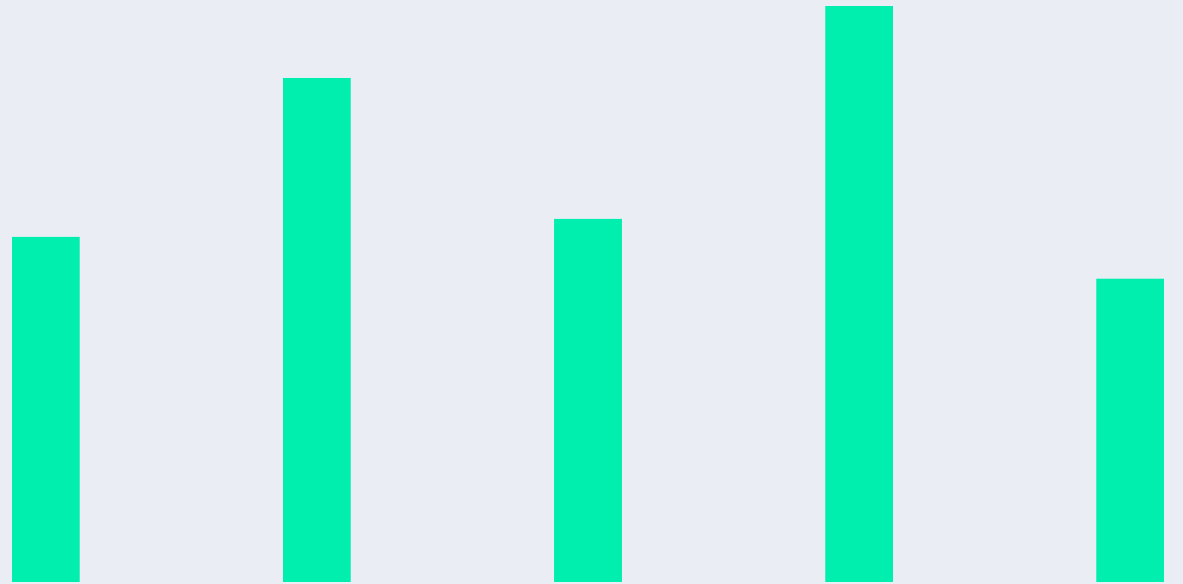
Deductible Details +

Demographic Details +

When you are finished reviewing the member's benefit details, you have the option to print the page by clicking the **Print Preview** button at the top of the page.

You may also click the **Back to Eligibility Verification Request** link to return to the results page and view third-party details for the member.

Viewing a Member's Third-Party Coverage



Viewing a Member's Third-Party Coverage

Eligibility Verification Request

* Indicates a required field.
Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please note that Recipient ID information is currently used during search.

Recipient ID Last Name First Name
SSN Birth Date
*Effective From 12/05/2018 Effective To 12/31/2018

Service Type Code Search

Service Type Code

Eligibility Verification Information for NYEPCPPY KRXOXE from 12/05/2018 to 12/31/2018

Recipient ID	Birth Date	03/06/1939	
Coverage	Effective Date	End Date	
Medicaid Fee For Service	12/05/2018	12/31/2018	0000000000
Qualified Medicare Beneficiaries	12/05/2018	12/31/2018	0000000000
Special Low Income Medicare Beneficiaries	12/05/2018	12/31/2018	0000000000
Other Insurance Detail Information			

From the results display below the **Eligibility Verification Request** panel, select the **Other Insurance Detail Information** link to view third-party coverage benefits.

Viewing a Member's Third-Party Coverage, continued

Other Insurance Information for HVXQOSDCN I IRAPSEU								
Carrier Name	Policy ID	Group ID	Policy Holder	Policy Type	Coverage Type	Primary	Effective Date	End Date
HPN HEALTH PLAN OF NEVADA, INC (01091)	15006254801	10000846A001	GXCTBX IRAPSEU	HEALTH	HOSPITALIZATION	Unknown	05/01/2015	12/31/2299
OPTUMRX (09363)	15006254801	10000846A001	GXCTBX IRAPSEU	HEALTH	PHARMACY	Unknown	05/01/2015	12/31/2299

After clicking the **Other Insurance Detail Information** link, the system will display any active third-party details available for the effective date range you used in the search.

When you are finished reviewing the member's third-party details, you have the option to print the page by clicking the **Print Preview** button at the top of the page. You may also click the **Back to Eligibility Verification Request** link to return to the results page and view coverage benefit details for the member.

Other Insurance Information for NYEPCPPY KRXXOXE	
There is no information available for the Other Insurance. Contact Us for more information.	

NOTE: When there are no benefit records to display, the system provides a message indicating that there is no information available.

Questions & Answers

Prior Authorization Provider Training



Objectives

1. At the end of this training, participants will be able to:

- Submit a Prior Authorization (PA) Request
- View the Status of PAs
- Search for PAs
- Submit Additional Information

Acronyms

- ATN: Authorization Tracking Number
- NPI: National Provider Identifier
- PA: Prior Authorization

Submitting a PA Request



Submitting a PA Request

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". The navigation menu has tabs for "My Home", "Eligibility", "Claims", "Care Management", "Exchange", and "Resources". The "Care Management" tab is highlighted with a red box and a callout "1". Below the navigation menu, a sub-menu is visible with "Create Authorization" highlighted by a red box and a callout "2". Other sub-menu items include "Authorization Status", "Maintain Favorite Providers", and "Authorization Criteria". The main content area includes a "My Home" section, a "Provider" section with fields for Name, Provider ID, and Location ID, and a "Broadcast Messages" section with a message about the portal's availability. A "Welcome Health Care Professional!" message is also present.

1. Hover over the Care Management tab.
2. Click Create Authorization from the sub-menu.

Submitting a PA Request, continued

Create Authorization

* Indicates a required field.

Medical Dental

***Process Type**

ABA
ADHC
Audiology
BH Inpt
BH Outpt
BH PHP/IOP
BH Rehab
BH RTC
DME
Home Health
Hospice
Inpt M/S
Ocular
Outpt M/S
PCS Annual Update
PCS One-Time
PCS SDS
PCS Significant Change
PCS Temporary Auth
PCS Transfer
Retro ABA
Retro ADHC
Retro Audiology
Retro BH Inpt
Retro BH Outpt
Retro BH PHP/IOP
Retro BH Rehab
Retro BH RTC
Retro DME

Requesting Provider Information

Provider ID

ID Type NPI Name

Recipient Information

*Recipient ID

Last Name

Birth Date

First Name

Referring Provider Information

Referring Provider same as Requesting Provider

Select from Favorites

Provider ID

ID Type Name Add to Favorites

Service Provider Information

Service Provider same as

3. Select the authorization type.
 4. Choose an appropriate Process Type from the drop-down list.
- NOTE: Some sections will be different depending on whether the authorization type is Medical or Dental.

Submitting a PA Request, continued

Create Authorization ?

* Indicates a required field.

Medical **Dental**

*Process Type [Expand All](#) | [Collapse All](#)

Requesting Provider Information -

5 ID Type Name

Recipient Information -

*Recipient ID

Last Name First Name

Birth Date

Referring Provider Information -

Referring Provider same as Requesting Provider

Select from Favorites

Provider ID ID Type Name Add to Favorites

5. The Requesting Provider Information is automatically populated with the Provider ID and Name of the provider that the signed-in user is associated with.

Submitting a PA Request, continued

Create Authorization ?

* Indicates a required field.

Medical **Dental**

*Process Type: [Expand All](#) | [Collapse All](#)

Requesting Provider Information -

Provider ID: ID Type: NPI Name:

Recipient Information -

6 *Recipient ID: First Name:

Last Name: Birth Date:

Referring Provider Information -

Referring Provider same as Requesting Provider:

Select from Favorites:

Provider ID: ID Type: Name: Add to Favorites:

- For Medical authorization type:
 6. Enter the Recipient ID. The Last Name, First Name, and Birth Date will populate automatically.

Submitting a PA Request, continued

Create Authorization ?

* Indicates a required field.

Medical **Dental**

*Process Type [Expand All](#) | [Collapse All](#)

Requesting Provider Information -

Provider ID ID Type Name

Recipient Information -

*Recipient ID

Last Name First Name

Birth Date

Referring Provider Information -

Referring Provider same as Requesting Provider

Select from Favorites

Provider ID ID Type Name Add to Favorites

7. Enter Referring Provider Information using one of three ways.

7

Submitting a PA Request, continued

The screenshot shows a form titled "Referring Provider Information" with a close button in the top right corner. The form contains the following elements:

- A:** A checkbox labeled "Referring Provider same as Requesting Provider".
- B:** A drop-down menu labeled "Select from Favorites".
- C:** Two input fields: "Provider ID" and "ID Type" (a drop-down menu).
- D:** A checkbox labeled "Add to Favorites".

A red box highlights the "Referring Provider same as Requesting Provider" checkbox and the "Add to Favorites" checkbox. A red line connects the "Select from Favorites" drop-down menu to the "Add to Favorites" checkbox.

- Check the Referring Provider Same as Requesting Provider box.
- Choose an option from the Select from Favorites drop-down. This drop-down displays a list of providers that the user has indicated as favorites.
- Enter the Provider ID and ID Type. Both fields must be completed when using this option.
- Click the Add to Favorites checkbox. Use this after entering a provider ID to add it to the Select from Favorites drop-down.

Submitting a PA Request, continued

The screenshot displays a web form with two main sections: 'Referring Provider Information' and 'Service Provider Information'. The 'Service Provider Information' section is highlighted with a red border. A hexagonal callout containing the number '8' is positioned to the left of the 'Service Location' field in this section.

Referring Provider Information

Referring Provider same as Requesting Provider

Select from Favorites: No favorite providers available.

Provider ID: ID Type: Name: Add to Favorites:

Service Provider Information

Service Provider same as Requesting Provider

Select from Favorites: No favorite providers available.

*Provider ID: *ID Type: Name: Add to Favorites:

*Service Location:

Location:

- For Medical authorization type:
8. Enter Service Provider Information.

Submitting a PA Request, continued

Service Provider Information

Service Provider same as Requesting Provider

Select from Favorites: No favorite providers available.

*Provider ID: *ID Type: NPI Name: Add to Favorites

Location: FEDERALLY QUALIFIED HEALTH CENTER

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
<input data-bbox="147 658 318 676" type="button" value="Click to collapse."/>		
*Diagnosis Type: ICD-10-CM ICD-9-CM	*Diagnosis Code: <input type="text"/>	<input type="button" value="Add"/> <input type="button" value="Cancel"/>

Service Details

9. Select a Diagnosis Type from the drop-down list.
10. Enter the Diagnosis Code. Once the user begins typing, the field will automatically search for matching codes.
11. Click the Add button.

- NOTE: Repeat steps 9-11 to enter up to nine codes. The first code entered will be considered the primary.

Submitting a PA Request, continued

Diagnosis Information

Error
Diagnosis Code not found.

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
Click to collapse.		
*Diagnosis Type	*Diagnosis Code	
ICD-10-CM	1234	

Diagnosis Code not found.

[Add](#) [Cancel](#)

- If you click the Add button with an invalid diagnosis code, an error will display. You must ensure the diagnosis code is correct, up-to-date with the selected Diagnosis Type, and does not include decimals.

Submitting a PA Request, continued

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	T7500XA-Unspecified effects of lightning, initia	Remove

Click to collapse.

*Diagnosis Type *Diagnosis Code

- Once a diagnosis code has been entered accurately, and the Add button has been clicked, the diagnosis code will display under the Diagnosis Information section. If you wish to remove the code from the PA request, click Remove located in the Action column.

Submitting a PA Request, continued

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	T7500XA-Unspecified effects of lightning, initial encounter	Remove

Click to collapse.

*Diagnosis Type *Diagnosis Code

Service Details

to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

Line #	From Date	To Date	Code	Modifiers	Units	Action
<input type="button" value="12"/>						

Click to collapse.

*From Date To Date Code Type *Code

Modifiers

*Units

*Medical Justification

- For Medical authorization type:
 12. Enter detail regarding the service(s) provided into the Service Details section.
 13. Click the Add Service button.

Submitting a PA Request, continued

Service Details -

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

	Line #	From Date	To Date	Code	Modifiers	Units	Action
<input type="checkbox"/>	1	01/01/2018	01/01/2019	A6413-Adhesive bandage, first-aid		1	Copy Remove

Click to collapse.

***From Date** **To Date** **Code Type** CPT/HCPCS ***Code**

Modifiers

***Units**

***Medical Justification**

- After clicking the Add Service button, the service details will display in the list.

NOTE: You may enter additional details as needed. If you wish to copy a service detail, click Copy located in the Action column. To remove the detail, click Remove.

Submitting a PA Request, continued

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

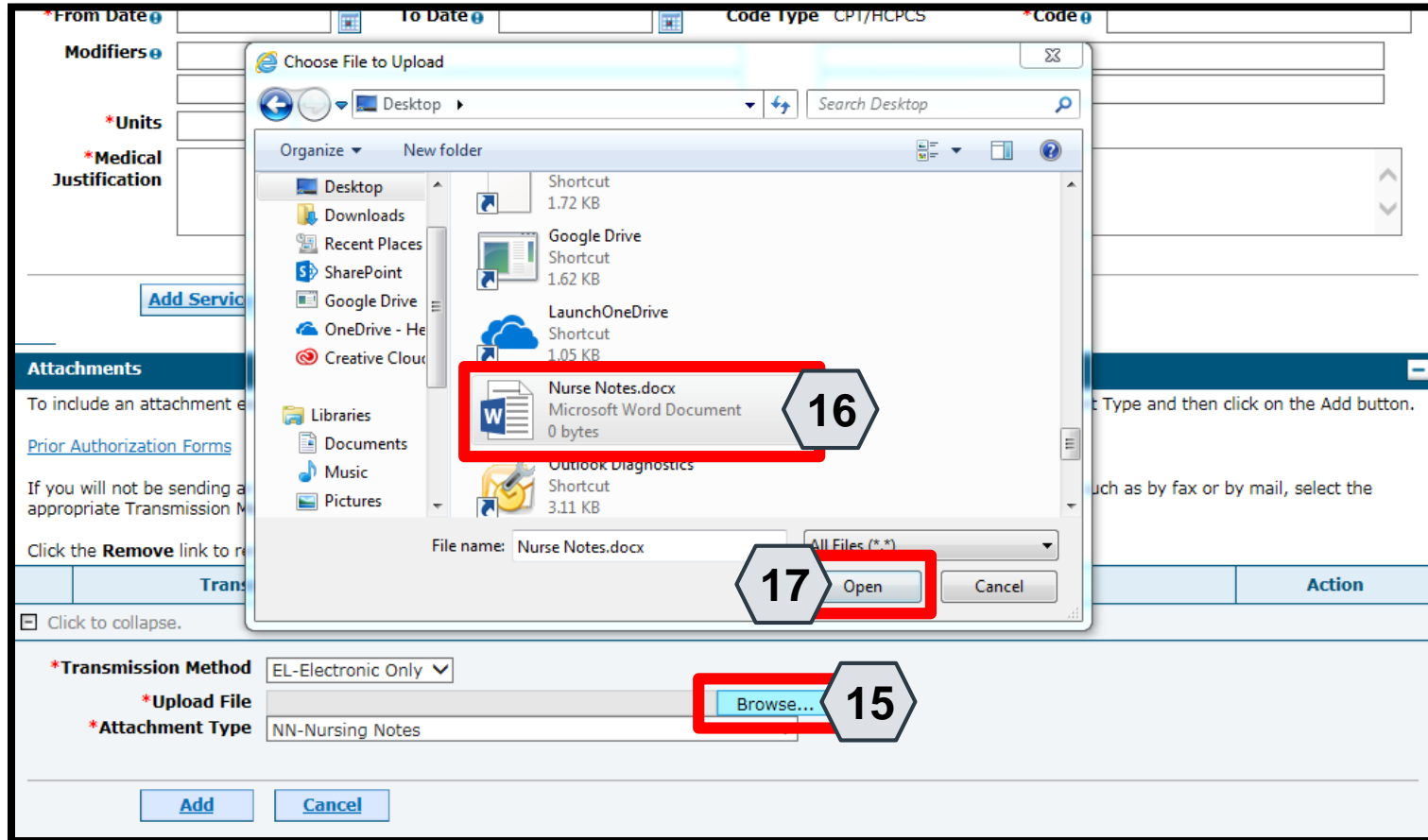
If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

Transmission Method	File	Action
Click to collapse.		
*Transmission Method	EL-Electronic Only ▼	
*Upload File	Choose File No file chosen	
*Attachment Type		
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

- The Transmission Method will default to EL-Electronic Only as attachments must be sent via the portal.

Submitting a PA Request, continued



15. Click the Browse button.

16. Select the desired attachment from your computer using the window that pops up.

17. Click the Open button.

- Allowable file types include:
.doc, .docx, .gif, .jpeg, .pdf, .txt,
.xls, .xlsx, .bmp, .tif, and .tiff.

Submitting a PA Request, continued

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

Transmission Method	File	Action
Click to collapse.		
*Transmission Method	Electronic Only	
*Upload File	C:\Users\bargera\Desktop\Nurse Notes.docx	Browse...
*Attachment Type		

18

18. Click the Add button.

Submitting a PA Request, continued

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

	Transmission Method	File	Action
<input type="checkbox"/>	EL-Electronic Only	Nurse Notes.docx	Remove

Click to collapse.

*Transmission Method

*Upload File

*Attachment Type

- The added attachment displays in the list.
- To remove the attachment, click Remove in the Action column.
- Add additional attachments by repeating steps 14-18.

NOTE: The total attachment file size limit before submitting a PA is 4 MB. When more attachments are needed beyond this capacity, the user will first submit the PA. Afterwards go back into the PA using the View Authorization Response page, click the edit button to open the PA and then add more attachments.

Submitting a PA Request, continued

Justification

[Add Service](#) [Cancel Service](#)

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

	Transmission Method	File	Action
<input type="checkbox"/>	EL-Electronic Only	Nurse Notes.docx	Remove

Click to collapse.

*Transmission Method

*Upload File

*Attachment Type

[Add](#) [Cancel](#)

19 [Submit](#) [Cancel](#)

19. Click the Submit button.

Submitting a PA Request, continued

20 **Authorization** [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Provider ID	ID Type	NPI	Name
-------------	---------	-----	------

Recipient Information and Process Type

Recipient ID	Gender	Female
Recipient Birth Date		
Process Type		

Referring Provider Information

Provider ID	ID Type	NPI	Name
-------------	---------	-----	------

Service Provider Information

Provider ID	ID Type	NPI	Name
Location			

[Expand All](#) | [Collapse All](#)

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

Diagnosis Type	Diagnosis Code
ICD-10-CM	T7500XA-Unspecified effects of lightning, initial encounter

Service Details

Line #	From Date	To Date	Code	Modifiers	Units
1	01/01/2018	01/01/2019	CPT/HCPCS A6413-Adhesive bandage, first-aid		1

Attachments

Transmission Method	File	Attachment Type
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes

21 [Back](#) [Confirm](#) [Cancel](#)

20. Review the information on the PA request.

21. Click the Confirm button to submit the PA for processing.

- NOTE: If updates are needed prior to clicking the Confirm button, you can click the Back button to return to the “Create Authorization” page.

Submitting a PA Request, continued

My Home | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources**

Create Authorization | View Authorization Status | Maintain Favorite Providers | Authorization Criteria

[Care Management](#) > Authorization Receipt Tuesday 03/06/2018 06:01 PM EST

Authorization Receipt ?

Your Authorization Tracking Number **45180650011** was successfully submitted.

Click **Print Preview** to view authorization details and receipt.
Click **Copy** to copy member data or authorization data.
Click **New** to create a new authorization for a different member.

General Authorization Receipt Instructions

[Print Preview](#) | [Copy](#) | [New](#)

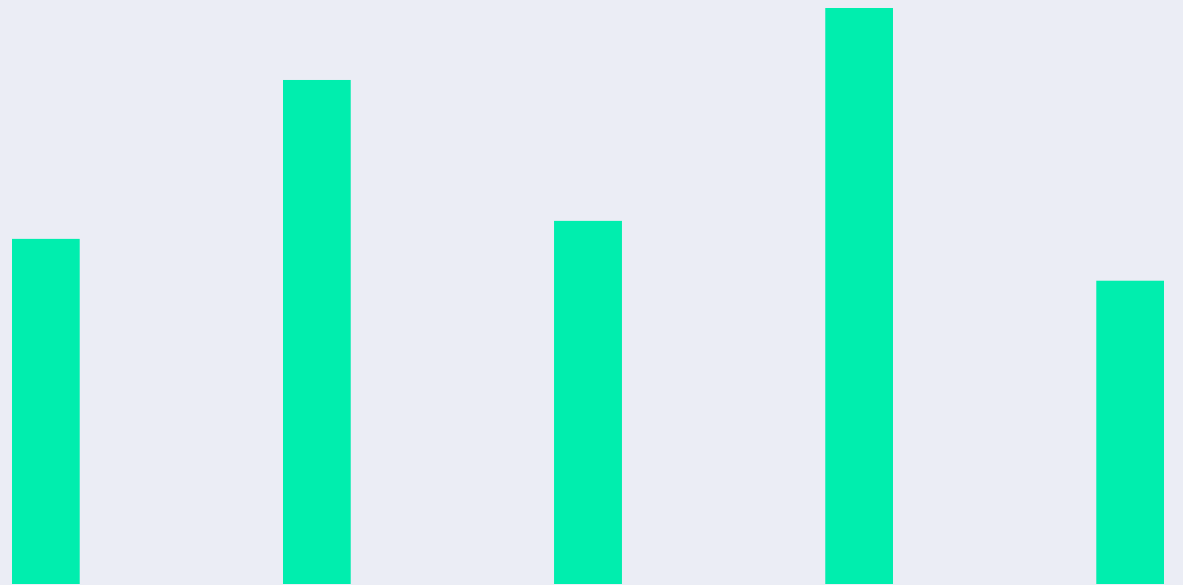
- After you click the Confirm button, an “Authorization Tracking Number” will be created. This message signifies that the PA request has been successfully submitted.

Submitting a PA Request, continued

The screenshot displays a web application interface for 'Authorization Receipt'. At the top, there is a navigation bar with tabs for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. Below this, a secondary navigation bar contains links for 'Create Authorization', 'View Authorization Status', 'Maintain Favorite Providers', and 'Authorization Criteria'. The main content area shows the breadcrumb 'Care Management > Authorization Receipt' and the date 'Tuesday 03/06/2018 06:01 PM EST'. A dark blue header for the 'Authorization Receipt' section contains a question mark icon. The main message states: 'Your Authorization Tracking Number 45180650011 was successfully submitted.' Below this, instructions are provided: 'Click **Print Preview** to view authorization details and receipt.', 'Click **Copy** to copy member data or authorization data.', and 'Click **New** to create a new authorization for a different member.' At the bottom, there are three buttons: 'Print Preview', 'Copy', and 'New', each enclosed in a red box and labeled with a letter in a hexagon above it: 'A' for Print Preview, 'B' for Copy, and 'C' for New.

- A. Print Preview: Allows you to view the PA details and receipt for printing.
- B. Copy: Allows you to copy member or authorization data for another authorization.
- C. New: Allows you to begin a new PA request for a different member.

Viewing the Status of PAs



Viewing the Status of PAs

The screenshot displays the top navigation bar of the Nevada Medicaid Provider Portal. The 'Care Management' tab is highlighted with a red box and a callout '1'. Below it, the 'View Authorization Status' link is also highlighted with a red box and a callout '2'. The main content area includes a 'Provider' section with fields for Name, Provider ID, and Location ID, and a 'Broadcast Messages' section with a message about the portal's availability. A 'Welcome Health Care Professional' banner is visible at the bottom.

1. Hover over the Care Management tab.
2. Click View Authorization Status.

Viewing the Status of PAs, continued

My Home | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources**

Create Authorization | **View Authorization Status** | Maintain Favorite Providers | Authorization Criteria

[Care Management](#) > View Authorization Status

View Authorization Status

Prospective Authorizations

Prospective authorizations identifying you as the Requesting or Servicing Provider are listed below. These results include beginning Services Date of today or greater. Click the Authorization Tracking Number to view the authorization response or click the ATN hyperlink to search for a different authorization.

Prospective Authorizations


<u>Authorization Tracking Number</u>	<u>Service Date</u> ▲	<u>Recipient Name</u>	<u>Recipient ID</u>	<u>Process Type</u>	<u>Requesting P</u>
45181270003	01/01/2018 - 01/01/2019				
43180110001	01/11/2018 - 01/11/2019				
41180120002	01/12/2018 - 01/12/2019				


3. Click the ATN hyperlink of the PA you wish to view.


Viewing the Status of PAs, continued


View Authorization Response for AOWPEW KWLVDTYRXW [Back to View Authorization Status](#) ?


Authorization Tracking # 41180120002 Process Type Outpt M/S [Expand All](#) | [Collapse All](#)

Requesting Provider Information 

Recipient Information 

Referring Provider Information 

Diagnosis Information 


Service Provider / Service Details Information 

5

Provider ID	ID Type	NPI	Name

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

[Edit](#) [View Provider Request](#) [Print Preview](#)

4. Click the plus  symbol to the right of a section to display its information.
5. Review the information as needed.

Viewing the Status of PAs, continued

View Authorization Response for AOWPEW KWLVDYRXW [Back to View Authorization Status](#)

Authorization Tracking # 41180120002 Process Type Outpt M/S [Expand All](#) | [Collapse All](#)


Requesting Provider Information

Recipient Information

Referring Provider Information

Diagnosis Information

Service Provider / Service Details Information

Provider ID		ID Type	Name					
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING		Certified In Total 01/12/2018	-

[Edit](#) [View Provider Request](#) [Print Preview](#)

- Review the details listed in the Decision / Date and Reason columns.

Viewing the Status of PAs, continued

Service Provider / Service Details Information								
Provider ID		ID Type	NPI	Name		CES OF NEVADA-		
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

- In the Decision / Date column, you may see one of the following decisions:
- Certified in Total: The PA request is approved for exactly as requested.
- Certified Partial: The PA request has been approved, but not as requested.
- Not Certified: The PA request is not approved.
- Pended: The PA request is pending approval.
- Cancel: The PA request has been canceled.

Viewing the Status of PAs, continued

Service Provider / Service Details Information								
Provider ID			ID Type	NPI	Name			
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
08/29/2017	08/29/2017	1	1	\$125.00	CPT/HCPCS 80061-Lipid panel	View	Certified Partial 06/11/2018	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)
08/30/2017	08/30/2017	1	0	-	CPT/HCPCS 36415-Routine venipuncture	View	Not Certified 06/11/2018	Non-covered Service

- When the Decision / Date column is not “Certified in Total”, information will be provided in the Reason column. For example, if a PA is not certified (A), the reason why it was not certified displays (B).

Viewing the Status of PAs, continued

Service Provider / Service Details Information								
Provider ID 1		ID Type NPI		Name		ALIST SERVICES OF NEVADA- V		
C	D	E	F	G				
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

- C. From Date and To Date: Display the start and end dates for the PA.
- D. Units: Displays the number of units originally on the PA.
- E. Remaining Units or Amount: Display the units or amount left on the PA as claims are processed.
- F. Code: Displays the CPT/HCPCS code on the PA.
- G. Medical Citation: Indicates when additional information is needed for authorizations (including denied).

Viewing the Status of PAs, continued

Print Preview

View Authorization Response for AOWPEW KWLVDTYRXW [Back to View Authorization Status](#) ?

Authorization Tracking # 41180120002 Process Type Outpt M/S [Expand All](#) | [Collapse All](#)

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -

Provider ID ID Type NPI Name HOSPITAL SERVICES OF NEVADA-

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

H **I** **J**

Edit **View Provider Request** **Print Preview**

- H. Edit: Edit the PA.
- I. View Provider Request: Expand all sections to view the information.
- J. Print Preview: Display a printable version of the PA with options to print.

Searching for PAs



Searching for PAs

Prospective Authorizations **Search Options** 1

Enter at least one of the following fields to search for an authorization.

Authorization Information

Authorization Tracking Number

Select a Day Range or specify a Service Date

Day Range OR Service Date

Status Information

Select status to return authorization service lines with the chosen status.

Status

Recipient Information

Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth Date.

Recipient ID Birth Date

Last Name First Name

Provider Information

Provider ID ID Type

This Provider is the Servicing Provider on the Authorization Requesting Provider on the Authorization

1. Click the Search Options tab.
2. Enter search criteria into the search fields.

Searching for PAs, continued

The screenshot shows a search interface titled "Authorization Information". It features three main input fields, each highlighted with a red box and a callout letter in a hexagon:

- A**: "Authorization Tracking Number" followed by a text input field.
- B**: "Day Range" followed by a dropdown menu currently showing "Last 30 days".
- C**: "Service Date" followed by a date picker icon.

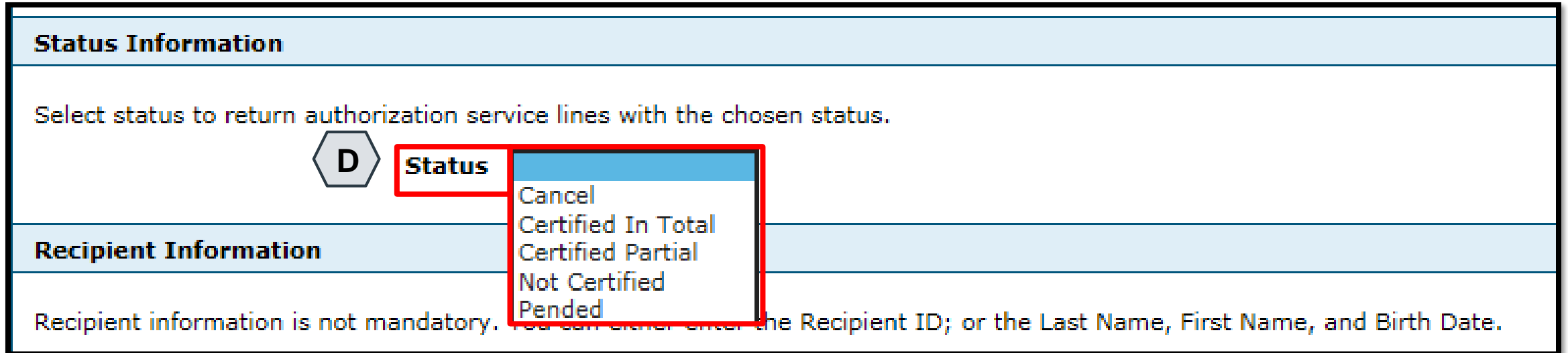
Between the "Day Range" and "Service Date" fields is the text "OR". Above the "Day Range" dropdown is the text "Select a Day Range or specify a Service Date".

- A. **Authorization Tracking Number:** Enter the ATN to locate a specific PA.
- B. **Day Range:** Select an option from this list to view PA results within the selected time period.
- C. **Service Date:** Enter the date of service to display PA with that service date.

NOTE: Without an ATN, a **Day Range** or a **Service Date** must be entered. If the PA start date is more than 60 days ago, a **Service Date** must be entered.

Searching for PAs, continued

Status Information	
Select status to return authorization service lines with the chosen status.	
D	Status
Recipient Information	
Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth Date.	




D. Status: Select a status from this list to narrow search results to include only the selected status.

Searching for PAs, continued

Recipient Information

Member information is not mandatory. You can either enter the Member ID; or the Last Name, First Name, and Birth Date.

E Recipient ID

F Birth Date 

G Last Name First Name

E. **Recipient ID:** Enter the unique Medicaid ID of the client.

F. **Birth Date:** Enter the date of birth for the client.

G. **Last Name and First Name:** Enter the client's first and last name.

NOTE: Enter only the **Recipient ID** number **or** the client's last name, first name, and date of birth.

Searching for PAs, continued

The screenshot shows a form titled "Provider Information" with three callout boxes: H, I, and J. Callout H points to a text input field for "Provider ID" with a search icon. Callout I points to a dropdown menu for "ID Type". Callout J points to a section titled "This Provider is the" with two radio button options: "Servicing Provider on the Authorization" (selected) and "Referring Provider on the Authorization".

H. **Provider ID:** Enter the provider's unique NPI number.

I. **ID Type:** Select the provider's ID type from the drop-down list.

J. **This Provider is the:** Select whether the provider is the servicing or referring provider on the PA request.

Searching for PAs, continued

Recipient Information

Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth Date.

Recipient ID Birth Date

Last Name First Name

Provider Information

Provider ID ID Type

This Provider is the Servicing Provider on the Authorization
 Requesting Provider on the Authorization

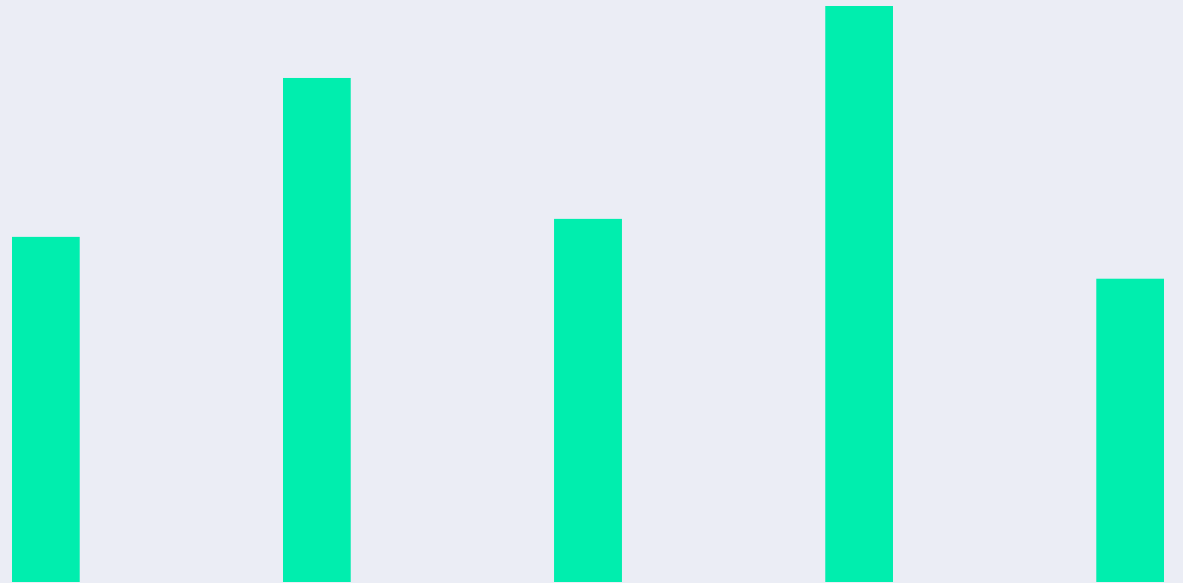
3

Search Results

<u>Authorization Tracking Number</u>	<u>Service Date</u> ▼	<u>Recipient Name</u>	<u>Recipient ID</u>	<u>Process Type</u>	<u>Requesting Provider</u>
43180110001	01/11/2018 - 01/11/2019			Outpt M/S	

3. Click the Search button.
4. Select an ATN hyperlink to review the PA.

Submitting Additional Information



Submitting Additional Information

View Authorization Response for ABYNNRYP ABIEGUT [Back to View Authorization Status](#)

Authorization Tracking # 45181270003 Process Type Home Health [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Recipient Information

Referring Provider Information

Diagnosis Information

Service Provider / Service Details Information

Provider ID	ID Type	NPI	Name

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/01/2018	01/01/2019	1	0	-	CPT/HCPCS A6413-Adhesive bandage, first-aid	-	Pended	-

[Edit](#) Provider Request [Print Preview](#)

1. Click the **Edit** button to edit a submitted PA request.

- Additional information may include:
- Requests for additional services
- Attachments
- “FA-29 Prior Authorization Data Correction” form
- “FA-29A Request for Termination of Service” form

Submitting Additional Information, continued

2

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Insert decimals as needed.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	T7500XA-Unspecified effects of lightning, initial encounter	

Click to collapse.

*Diagnosis Type *Diagnosis Code

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

Line #	From Date	To Date	Decision	Code	Modifiers	Units	Action	
+	1	01/01/2018	01/01/2019	Pended	A6413-Adhesive bandage, first-aid		1	Copy

Click to collapse.

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

Transmission Method	File	Attachment Type	Action
---------------------	------	-----------------	--------

Click to collapse.

2. Add additional diagnosis codes, service details, and/or attachments.

Submitting Additional Information, continued

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

Transmission Method	File	Attachment Type	Action
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes	Remove
EL-Electronic Only	Benefit Letter.docx	59-Benefit Letter	Remove

Click to collapse.

***Transmission Method**

***Upload File**

***Attachment Type**

3

3. Click the Resubmit button to review the PA information.

Submitting Additional Information, continued

The screenshot shows a web form with several sections. A red border highlights the entire form area. A callout '4' points to the 'Referring Provider Information' section. A callout '5' points to the 'Confirm' button at the bottom right.

Referring Provider Information

Provider ID	ID Type	NPI	Name

Service Provider Information

Provider ID	ID Type	NPI	Name

Location

[Expand All](#) | [Collapse All](#)

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

Diagnosis Type	Diagnosis Code
ICD-10-CM	T7500XA-Unspecified effects of lightning, initial encounter

Service Details

Line #	From Date	To Date	Code	Modifiers	Units
1	01/01/2018	01/01/2019	CPT/HCPCS A6413-Adhesive bandage, first-aid		1

Attachments

Transmission Method	File	Attachment Type
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes
EL-Electronic Only	Benefit Letter.docx	59-Benefit Letter

[Back](#) [Confirm](#) [Cancel](#)

4. Review the information.
5. Click the Confirm button.

- NOTE: The PA number remains the same as the original PA request when resubmitting the PA request.

Questions & Answers

Provider Institutional Claims



Objectives

1. At the end of this training, participants will be able to:
 - Understand Claim Sub Menus
 - Submit an Institutional Inpatient Claim
 - Submit an Institutional Outpatient Claim
 - Submit an Institutional Claim: Attachments
 - Submit an Institutional Crossover Claim
 - Submit an Institutional Claim: Other Insurance Details
 - Search for Institutional Claims
 - Verify an Institutional Claim's Status
 - View an Institutional Claim's Remittance Advice (RA)
 - Copy an Institutional Claim
 - Adjust an Institutional Claim
 - Submit an Institutional Claim Appeal
 - Void an Institutional Claim

Understanding Claims Sub Menus



Understanding Claim Sub Menus

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

My Home Eligibility **Claims** Care Management File Exchange Resources

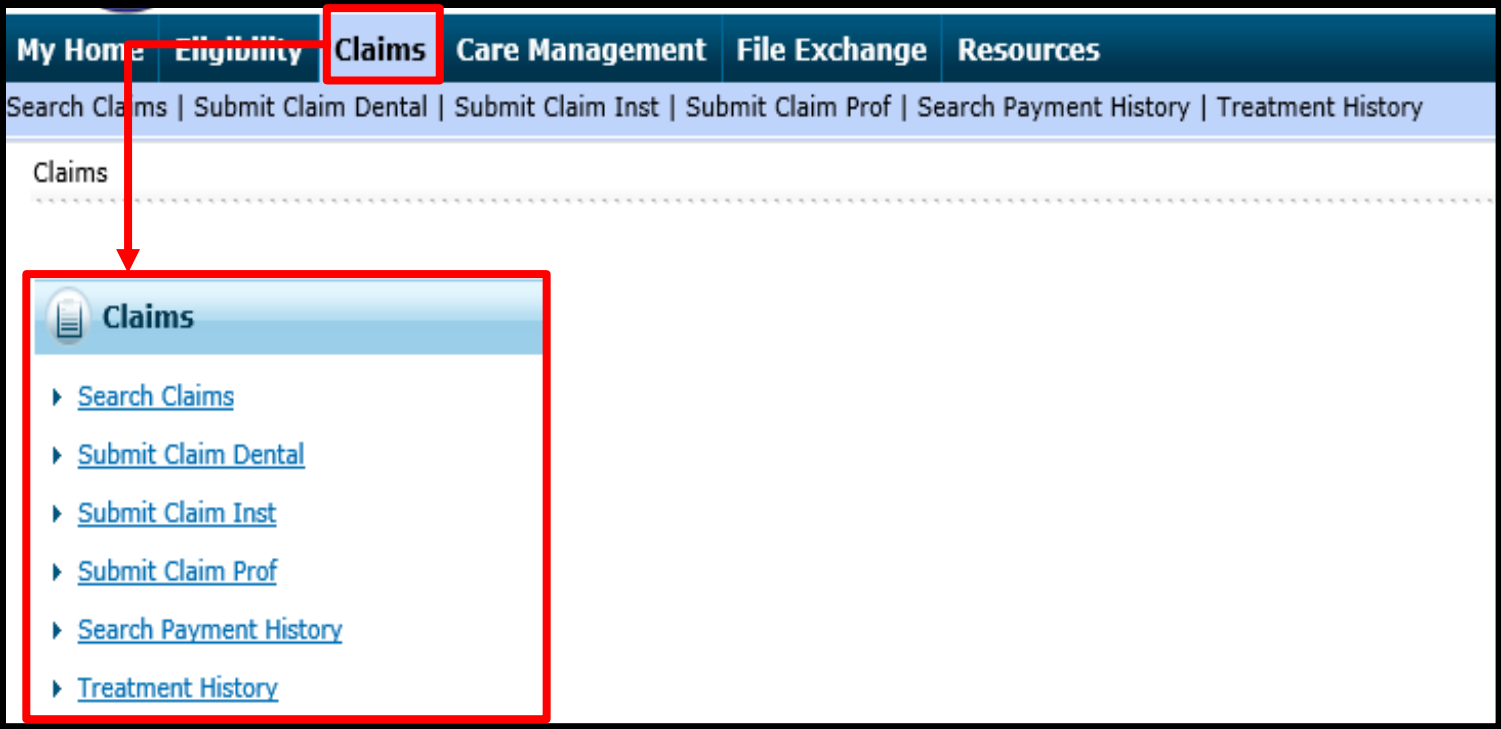
Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Search Payment History | Treatment History

Wednesday 06/2;

Provider Broadcast Messages Contact Us

1. Hover over **Claims**
2. Select the appropriate sub menu from the options

Understanding Claim Sub Menus, continued



The page displays a listing of Claim activities for the user to choose from.

Submitting an Institutional Claim



Submitting an Institutional Inpatient Claim

The Institutional Claim submission process is broken out into three main steps:

- **Step 1** - Provider, Patient, and Claim Information plus an option to add Other Insurance details
- **Step 2** - Diagnosis Codes
- **Step 3** - Service Details and Attachments

Submitting an Institutional Inpatient Claim, continued

The screenshot displays the Nevada Department of Health and Human Services Provider Portal. At the top left is the state seal. The main header reads "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". A navigation bar contains tabs for "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The "Claims" tab is highlighted with a red box and a callout "1". Below the navigation bar, a secondary menu includes "Search Claims", "Submit Claim Dental", "Submit Claim Inst", "Submit Claim Prof", and "Search Payment His". The "Submit Claim Inst" option is highlighted with a red box and a callout "2". Below this menu, a "Claims" section is visible, containing a list of links: "Search Claims", "Submit Claim Dental", "Submit Claim Inst", "Submit Claim Prof", "Search Payment History", and "Treatment History".

1. Hover over the **Claims** tab
2. Select **Submit Claim Inst**

Submitting an Institutional Inpatient Claim – Step 1

Submit Institutional Claim: Step 1

* Indicates a required field.

Claim Type: Inpatient

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID: 1538 ID Type: NPI

*Billing Provider Service Location: [Dropdown]

Institutional Provider ID: [Text] ID Type: [Dropdown]

Attending Provider ID: [Text] ID Type: [Dropdown]

Operating Provider ID: [Text] ID Type: [Dropdown]

Other Operating Provider ID: [Text] ID Type: [Dropdown]

Referring Provider ID: [Text] ID Type: [Dropdown]

Patient Information

*Recipient ID: [Text]

Last Name: [Text] First Name: [Text]

Birth Date: [Text]

Claim Information

*Covered Dates: [Text] - [Text]

*Admission Date/Hour: [Text] (hh:mm) Discharge Hour: [Text] (hh:mm)

*Admission Type: [Text]

*Admission Source: [Text]

*Admitting Diagnosis Type: ICD-10-CM [Dropdown]

*Admitting Diagnosis: [Text]

*Patient Status: [Text]

*Facility Type Code: [Dropdown]

*Patient Number: [Text]

Authorization Number: [Text]

Include Other Insurance:

Total Charged Amount: \$0.00

Continue Cancel

Once the user clicks on the **Submit Claim Inst** tab, this “Submit Institutional Claim: Step 1” page is displayed, with all three sub-sections included:

- A. Provider Information
- B. Patient Information
- C. Claim Information

NOTE: All of the fields marked with a red asterisk (*) are required.

To begin Step 1, the user will:

- Select **Inpatient** from the **Claims Type** drop-down

Submitting an Institutional Inpatient Claim – Step 1, continued

Provider Information

Submit Institutional Claim: Step 1

* Indicates a required field.

Claim Type: Inpatient

Provider Information

Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

3 Billing Provider ID: 1538 ID Type: NPI

*Billing Provider Service Location: 11-MEDICAL CENTER-: [dropdown]

4 Institutional Provider ID: 1265 ID Type: NPI

Attending Provider ID: 1437 ID Type: NPI

Operating Provider ID: 1437 ID Type: [dropdown]

*Operating Provider Service Location: 20-JACKSON, MICHAEL E-1303 N MAIN ST,LAS VEGAS,NEVADA,89030

Other Operating Provider ID: 1497 ID Type: NPI

Referring Provider ID: 1962 ID Type: NPI

If the Billing Provider has multiple locations, as in this example of an Institutional Inpatient claim associated with a hospital, the **Billing Provider Service Location** field does not pre-populate.

For this type of claim, the user will:

3. Select the appropriate **Billing Provider Service Location** from the drop-down option
4. Enter the **Attending Provider ID**.

NOTE: If Surgical Procedure Code(s) are to be submitted with the claim, an **Operating Provider ID** is required.

Submitting an Institutional Inpatient Claim – Step 1, continued

Provider Information

The screenshot shows a search interface for providers. At the top, there are three tabs: "Search By ID" (highlighted with a red box and callout 5), "Search By Name", and "Search By Organization". Below the tabs is a search input field (callout 6) containing "1952455032" and a "Provider ID Type" dropdown menu set to "NPI". A "Search" button (callout 7) and a "Cancel" button are located below the input field. Below the search area, a "Search Results: NPI 1952455032" header is followed by a table of results. The table has columns for Provider ID, Provider Name, Provider Type, Address, City, State, and Zip Code. The first row shows "(NPI)" in the Provider ID column (callout 8), "LINDA" as the name, "Physician, M.D., Osteopath, D.O." as the type, "RENO" as the city, and "NEVADA" as the state, with a zip code of "89557-7777".

Provider ID	Provider Name	Provider Type	Address	City	State	Zip Code
(NPI)	LINDA	Physician, M.D., Osteopath, D.O.		RENO	NEVADA	89557-7777

5. Select the desired search method
6. Enter Provider ID and Provider ID Type
7. Click the **Search** button, and the search results populate at the bottom
8. Click the hyperlink in the **Provider ID** column with correct Provider ID

NOTE: The user can also search by the **Search By Name** or **Search By Organization** tabs.

Submitting an Institutional Inpatient Claim – Step 1, continued

Provider Information

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	1538	ID Type	NPI
*Billing Provider Service Location	11-MEDICAL CENTER-1		
Institutional Provider ID	1265	ID Type	NPI
Attending Provider ID	1437	ID Type	NPI
Operating Provider ID	1437	ID Type	
*Operating Provider Service Location	20-JACKSON, MICHAEL E-1303 N MAIN ST,LAS VEGAS,NEVADA,89030		
Other Operating Provider ID	1497	ID Type	NPI
Referring Provider ID	1962	ID Type	NPI

Once the user clicks the Provider ID, it will populate into the **Attending Provider ID** field.

Submitting an Institutional Inpatient Claim – Step 1, continued

Patient Information

The screenshot shows a form titled "Patient Information". On the left, there is a grey hexagon containing the number "9". To its right is a red asterisk followed by the text "*Recipient ID". A red rectangular box highlights the input field containing the number "00000000001". Below this field are the labels "Last Name" and "Birth Date". To the right of the highlighted field, the text "First Name ISAAC" is visible.

9. Enter the 11-digit recipient ID into the **Recipient ID** field and click outside the field to populate **Last Name**, **First Name**, and **Birth Date**

Submitting an Institutional Inpatient Claim – Step 1, continued

Claim Information

The screenshot shows a 'Claim Information' form with the following fields and values:

- *Covered Dates:** 03/01/2018 - 03/30/2018
- *Admission Date/Hour:** 03/01/2018 - 19:23 (hh:mm)
- Discharge Hour:** 07:56 (hh:mm)
- *Admission Type:** 2-Urgent
- *Admission Source:** 1-Non - Health Care Facility Point of Origin
- *Admitting Diagnosis Type:** ICD-10-CM
- *Admitting Diagnosis:** G40011-Local-rel idio epi w seiz of loc onset,
- *Patient Status:** 01-Discharged to Home or Self Ca
- *Facility Type Code:** 111-Hospital Inpatient (Including Medicare)
- *Patient Number:** 1234
- Authorization Number:** 20182345601
- Include Other Insurance:**
- Total Charged Amount:** \$0.00

Callout box 10 points to the form fields, and callout box 11 points to the 'Continue' button.

10. The following required fields (*) must be completed:

- **Covered Dates**
- **Admission Date/Hour**
- **Admission Type**
- **Admitting Diagnosis Type**
- **Patient Status**
- **Patient Number**
- **Admission Source**
- **Admitting Diagnosis**
- **Facility Type Code**

11. Click the **Continue** button

NOTE: For this example, the user has checked the **Include Other Insurance** field to indicate that additional insurance will be added in subsequent steps.

Submitting an Institutional Inpatient Claim – Step 2

Diagnosis Codes

Submit Institutional Claim: Step 2 ?

Indicates a required field.

Claim Type Inpatient

Provider Information

Billing Provider ID 1538 **ID Type** NPI

Patient and Claim Information

Recipient ID 0000000001 **Gender** Male
Recipient Birth Date **Total Charged Amount** \$0.00
Covered Dates **Admission Date/Hour** 05/01/2018 - _
Admitting Diagnosis Type ICD-10-CM **Admitting Diagnosis** W261XXA-Contact with sword or dagger, initial encounter

[Expand All](#) | [Collapse All](#) -

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	POA	Action
1				

1 ***Diagnosis Type** ICD-10-CM ***Diagnosis Code**
Present on Admission No

[Add](#) [Reset](#)

External Cause of Injury Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action
1			

1 ***Diagnosis Type** ICD-10-CM ***External Cause of Injury Diagnosis Code**

[Add](#) [Reset](#)

Once the user clicks the **Continue** button, the “Submit Institutional Claim: Step 2” page is displayed with all the panels expanded.

Submitting an Institutional Inpatient Claim – Step 2, continued

Diagnosis Codes

The screenshot shows the 'Diagnosis Codes' section of a software interface. At the top, there are links for 'Expand All' and 'Collapse All'. Below this is a table with columns: '#', 'Diagnosis Type', 'Diagnosis Code', 'POA', and 'Action'. The table contains two rows of data. Below the table is a form with three numbered callouts: 1 points to the 'Diagnosis Type' dropdown menu, 2 points to the 'Diagnosis Code' search field which has a dropdown list of suggestions, and 3 points to the 'Add' button. The form also includes a 'Present on Admission' dropdown and a 'Reset' button.

#	Diagnosis Type	Diagnosis Code	POA	Action
1	ICD-10-CM	B088-Oth viral infections with skin and mucous membrane lesions	Yes	Remove
2	ICD-10-CM	B012-Varicella pneumonia	Yes	Remove

1. **Diagnosis Type** (Auto-populates as “ICD-10-CM”, but “ICD-9-CM” is also available)

2. **Diagnosis Code**

3. **Add** button

To add a code, the user will:

1. Choose a **Diagnosis Type** (Auto-populates as “ICD-10-CM”, but “ICD-9-CM” is also available)
2. Enter the **Diagnosis Code**
3. Click the **Add** button

NOTE: The **Diagnosis Code** field contains a predictive search feature using the first three characters of the code or code description.

Submitting an Institutional Inpatient Claim – Step 2, continued

Diagnosis Codes

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	POA	Action
1	ICD-10-CM	R4020-Unspecified coma	Yes	Remove
2				

2 *Diagnosis Type *Diagnosis Code

Present on Admission

[Add](#) [Reset](#)

Click the **Remove** link to remove a diagnosis code from the claim

Submitting an Institutional Inpatient Claim – Step 2, continued

External Cause of Injury Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action
1			

1 *Diagnosis Type *External Cause of Injury Diagnosis Code

[Add](#) [Reset](#)

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
Click to add a new other insurance.						

Condition Codes

Click the **Remove** link to remove the entire row.

#	Condition Code	Action
1		

1 *Condition Code

[Add](#) [Reset](#)

- Complete External Cause of Injury Diagnosis Codes, and Condition Codes, as necessary.

Submitting an Institutional Inpatient Claim – Step 2, continued

Occurrence Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
For an Occurrence Code enter the same From and To Date. For an Occurrence Span enter the From and To dates of the span.

#	Occurrence Code	From Date	To Date	Action
1				

1 *Occurrence Code *From Date *To Date

[Add](#) [Reset](#)

Value Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Value Code	Amount	Action
1			

1 *Value Code *Amount

[Add](#) [Reset](#)

Surgical Procedures

Operating Provider is required to be entered back on Step 1 to allow for entry of surgical procedure codes within this panel.

[Back to Step 1](#)

[Continue](#) [Cancel](#)

[Go to Top](#)

- Complete Occurrence Codes, Value Codes and Surgical Procedures as necessary.
 - For Medicare Part A exhaust claims, the Occurrence Code portion of the claim is required
 - For Medicare Part B only claims (recipient does not have Medicare Part A on file), the Value Codes portion of the claim is required

4. Once all applicable panels have been completed, select Continue.

Submitting an Institutional Inpatient Claim – Step 3

Service Details

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1	0120-R&B-Semi-Pvt-2 Bed-General				4.000 Unit	\$350.00	Remove
2	0250-Pharmacy (Drugs)-General				1.000 Unit	\$500.25	Remove
3	0320-Dx X-Ray-General				1.000 Unit	\$1,500.31	Remove
4	0300-Laboratory (Lab)-General				1.000 Unit	\$621.52	Remove
5					0.000		

5 *Revenue Code HCPCS/Proc Code

Modifiers

From Date To Date *Units *Unit Type

Charge Amount

ents

The user will enter the Service Details using the same process below:

1. Enter the required fields
2. Click the **Add** button
3. Click the **Submit** button

Submitting an Institutional Inpatient Claim, continued

Other Insurance Details						
#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	
1	Medicare	123456987	12345678910		10/01/2018	

Service Details							
Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	0120-R&B-Semi-Pvt-2 Bed-General					4.000 Unit	\$350.00
2	0250-Pharmacy (Drugs)-General					1.000 Unit	\$500.25
3	0320-Dx X-Ray-General					1.000 Unit	\$1,500.31
4	0300-Laboratory (Lab)-General					1.000 Unit	\$621.52

No External Cause of Injury Diagnosis Codes exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

Back to Step 1 Back to Step 2 Back to Step 3 Print Preview **4** Confirm Cancel

At this point, the user has the option to:

- Go back to any previous step if needed by clicking one of the **Back to Step...** buttons
- Print a copy of the page by clicking the **Print Preview** button
- Cancel the claim submission by clicking the **Cancel** button

To continue, the user must:

4. Click the **Confirm** button

Submitting an Institutional Inpatient Claim, continued

Submit Inpatient Claim: Confirmation

Inpatient Claim Receipt

Your Inpatient Claim was successfully submitted. The claim status is Finalized Payment.

The Claim ID is **2218269000008**.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **Copy** to copy member or claim data.
Click **Adjust** to resubmit the claim.
Click **New** to submit a new claim.
Click **View** to view the details of the submitted claim.

Print Preview **Copy** **Adjust** **New** **View**

NOTE: The Claim ID is the same as ICN

The **Submit Inpatient Claim: Confirmation** will appear after the claim has been submitted. It will display the claim status and Claim ID.

The user may then:

- Click the **Print Preview** button to view the claim details
- Click the **Copy** button to copy claim data and start a new claim using identical details
- Click the **Adjust** button to adjust a submitted claim
- Click the **New** button to submit a new claim
- Click the **View** button to view the details of the submitted claim, including adjudication errors

Submitting an Institutional Outpatient Claim



Submitting an Institutional Outpatient Claim – Step 1

Submit Institutional Claim: Step 1

* Indicates a required field.

1 Claim Type: Outpatient

2 **Provider Information**

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID: _____ ID Type: NPI

*Billing Provider Service Location: 20-UROLOGY NEVADA-C/O BLDG A,RENO,NEVADA,895113019

Institutional Provider ID: _____ ID Type: _____

Attending Provider ID: _____ ID Type: _____

Operating Provider ID: _____ ID Type: _____

Other Operating Provider ID: _____ ID Type: _____

Referring Provider ID: _____ ID Type: _____

3 **Patient Information**

*Recipient ID: _____

Last Name: _____ First Name: _____

Birth Date: _____

Claim Information

*Covered Dates: _____ - * _____

Admission Date/Hour: _____ (hh:mm) Discharge Hour: _____ (hh:mm)

*Admission Type: _____ *Admission Source: _____

Admitting Diagnosis Type: ICD-10-CM Admitting Diagnosis: _____

*Patient Status: _____ *Facility Type Code: _____

*Patient Number: _____ Authorization Number: _____

Include Other Insurance: Total Charged Amount: \$0.00

3 Continue Cancel

To submit an Outpatient Institutional Claim, the user will proceed with the same steps as shown on the previous slides.

To complete **Step 1**, the user will:

1. Select the **Claim Type** “Outpatient”
2. Complete all three sub-sections:
 - A. Provider Information
 - B. Patient Information
 - C. Claim Information
3. Click the **Continue** button

Submitting an Institutional Outpatient Claim – Step 2

Submit Institutional Claim: Step 2

* Indicates a required field.

Claim Type: Outpatient

Provider Information

Billing Provider ID: ID Type: NPI

Patient and Claim Information

Recipient ID: Gender: Female
Birth Date: Total Charged Amount: \$0.00
Covered Dates:

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row. Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
1	ICD-10-CM	G40009-Local-rel idio epi w seiz of loc onst,not ntrct,w/o stat epi	Remove
2	ICD-10-CM	G40111-Local-rel symptc epi w simple part seiz, ntrct, w stat epi	Remove

4 Diagnosis Type: ICD-10-CM

5 *Diagnosis Code

6 Add

7 Continue

To complete Step 2, the user will need to enter diagnosis codes.

To add a code, the user will:

4. Choose a **Diagnosis Type** (Auto-populates as “ICD-10-CM”, but “ICD-9-CM” is also available)
5. Enter the **Diagnosis Code**
6. Click the **Add** button
7. Click the **Continue** button

Submitting an Institutional Outpatient Claim – Step 3

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Non-Covered Charge Amount	Action
1					0.000			

1 *Revenue Code HCPCS/Proc Code

8 Modifiers

From Date To Date *Units 0.000 *Unit Type Unit ▼

*Charge Amount Non-Covered Charge Amount

NDCs for Svc. # 1

If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required. Additionally, NDC/UPN information is required when adding or saving NDC/UPN with prescription information (Prescription Number, Prescription Type).

Code Type

NDC/UPN

Quantity Unit of Measure

9

Attachments

10

To complete Step 3, the user will enter the Service Details, using the process below:

8. Enter the applicable fields

Optionally, if the user needs to enter a National Drug Code (NDC) for a Service Detail, this information may be entered.

9. Click the **Add** button

10. Click the **Submit** button

Submitting an Institutional Outpatient Claim, continued

Claim Information

Covered Dates 09/24/2018 - 09/29/2018 Admission Date/Hour _ - _
Admission Type 1-Emergency Admission Source 1
Admitting Diagnosis Type _ Discharge Hour _
Admitting Diagnosis _ Facility Type Code 132-Hospital Outpatient: Interim - First Claim
Patient Status 01 Authorization Number _
Patient Number 123456
Previous Claim ICN _
Note _
Total Charged Amount \$900.00

[Expand All](#) | [Collapse All](#)

Diagnosis Codes +

Service Details -

Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	0300-Laboratory (Lab)-General					2.000 Unit	\$525.00
2	0320-Dx X-Ray-General					2.000 Unit	\$375.00

No External Cause of Injury Diagnosis Codes exist for this claim

No Patient Reason for Visit Diagnosis Codes exist for this claim

No Other Insurance Details exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

11

Back to Step 1 Back to Step 2 Back to Step 3 Print Preview Confirm Cancel

At this point the user has the option to:

- Go back to any previous step if needed by clicking one of the **Back to Step...** buttons
- Print a copy of the page by clicking the **Print Preview** button
- Cancel the claim submission by clicking the **Cancel** button

To continue, the user must:

11. Click the **Confirm** button

Submitting an Institutional Outpatient Claim, continued

Claims > Claim Receipt

Submit Inpatient Claim: Confirmation

Inpatient Claim Receipt

Your Inpatient Claim was successfully submitted. The claim status is Finalized Payment.
The Claim ID is **2218269000008**.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **Copy** to copy member or claim data.
Click **Adjust** to resubmit the claim.
Click **New** to submit a new claim.
Click **View** to view the details of the submitted claim.

[Print Preview](#) [Copy](#) [Adjust](#) [New](#) [View](#)

The **Submit Outpatient Claim: Confirmation** will appear after the claim has been submitted. It will display the claim status and Claim ID.

The user may then:

- Click the **Print Preview** button to view claim details
- Click the **Copy** button to copy claim data and start a new claim using identical details
- Click the **Adjust** button to adjust the claim
- Click the **New** button to submit a new claim
- Click the **View** button to view the details of the submitted claim, including adjudication errors

Submitting an Institutional Claim: Attachments



Submitting an Institutional Claim: Attachments

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1	0120-R&B-Semi-Pvt-2 Bed-General		09/17/2018	09/21/2018	5.000 Days	\$2,500.62	Remove
2					0.000		

2 *Revenue Code HCPCS/Proc Code

Modifiers

From Date To Date *Units *Unit Type

*Charge Amount

[Add](#) [Reset](#)

Attachments

1 [Remove](#) link to remove the entire row.

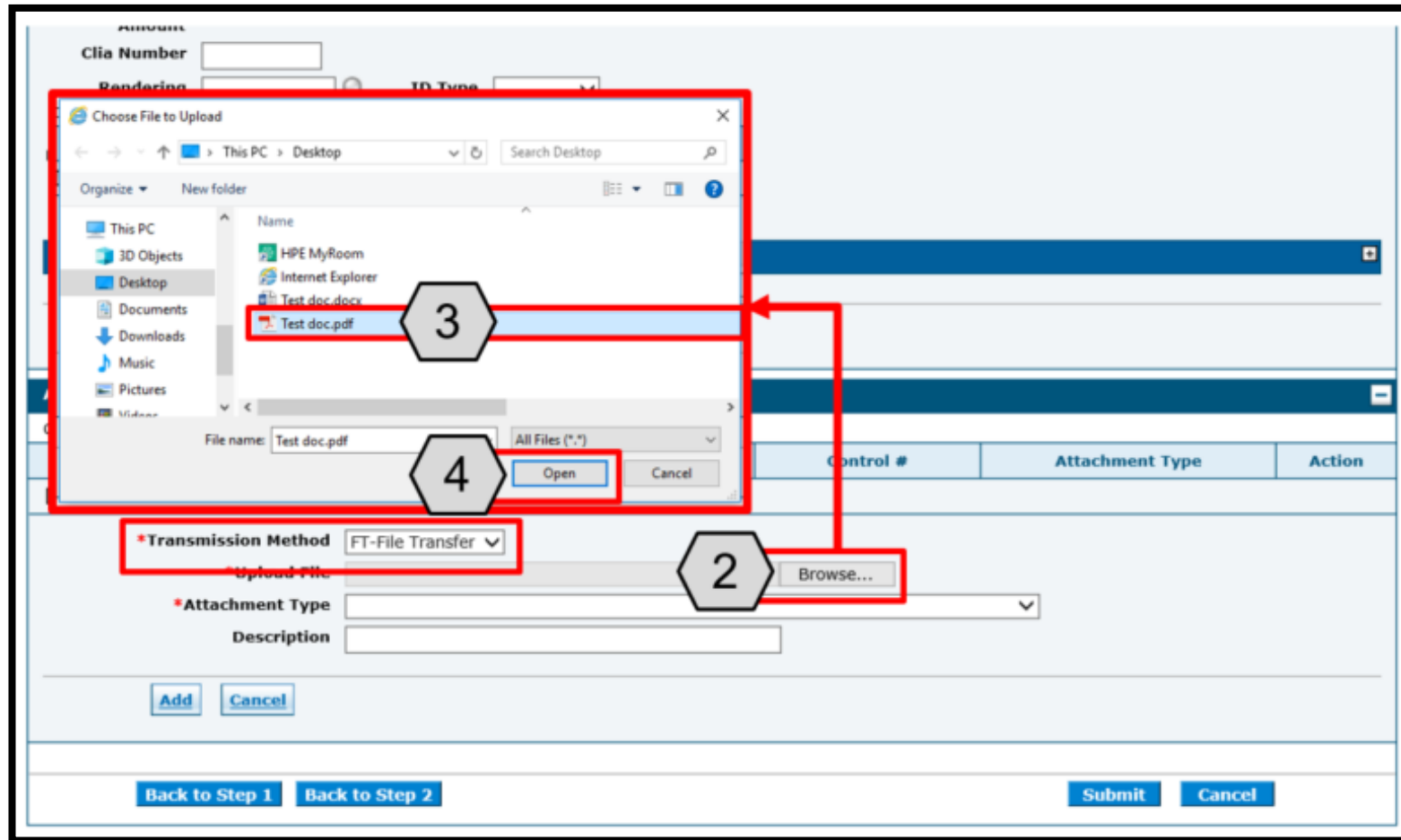
Transmission Method	File	Control #	Attachment Type	Action
+ Click to add attachment.				

[Back to Step 1](#) [Back to Step 2](#) [Submit](#) [Cancel](#)

To upload attachments to an institutional claim, in Step 3 of the claim submission:

1. Click the (+) sign on the **Attachments** panel.

Submitting an Institutional Claim: Attachments, continued



2. Click the **Browse** button and locate the file on the user's computer to attach

A window will then pop up. From there, the user will:

3. Locate and select the file
4. Click the **Open** button

NOTE: The **Transmission Method** field will populate with "FT - File Transfer" by default and does not need to be changed.

Submitting an Institutional Claim: Attachments, continued

The screenshot shows a web form for submitting an institutional claim. At the top, there are fields for Charge Amount, Clia Number, Rendering Provider ID, and Referring Provider ID, each with a search icon. Below these are fields for Unit Type, EPSDT, and Family Plan. A blue bar indicates 'NDCs for Svc. # 3'. There are 'Add' and 'Reset' buttons. The main section is titled 'Attachments' and includes a table with columns: #, Transmission Method, File, Control #, Attachment Type, and Action. A red box highlights the 'Attachment Type' dropdown menu, which is set to 'NN-Nursing Notes', with a callout '5' pointing to it. Another red box highlights the 'Add' button, with a callout '6' pointing to it. At the bottom, there are 'Back to Step 1', 'Back to Step 2', 'Submit', and 'Cancel' buttons.

Once the Attachment has been uploaded, the user will:

5. Select the type of attachment from the **Attachment Type** drop-down list
6. Click the **Add** button to attach the file or click on the **Cancel** button to cancel and close the attachment line

NOTE: A description of the attachment may be entered into the **Description** field, but it is not required.

Submitting an Institutional Claim: Attachments, continued

3 0.000

3 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units 0.000 *Unit Type Unit EPSDT Family Plan

Clia Number

Rendering Provider ID ID Type

Rendering Provider Service Location Referring Provider ID ID Type

NDCs for Svc. # 3

Add Reset

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	Test doc.pdf (39K)	20180918859657	NN-Nursing Notes	Remove

Back to Step 1 Back to Step 2

7 Submit Cancel

7. Click the **Submit** button to proceed

NOTE: To remove any attachments, click the **Remove** link.

Submitting an Institutional Crossover Claim



Claim Submission: Medicare Crossover

- A. When Medicare has made a payment or has left an amount to patient responsibility (i.e., coinsurance, copay, deductible):
 - a. Claim must be submitted as “Crossover Inpatient” or “Crossover Outpatient”
 - b. Crossover details must be filled out
 - c. No EOB attachment needed
- B. If Medicare denies the claim, or when Medicare benefits have exhausted, the “Other Insurance” rules must be followed:
 - a. Medicare will need to be added as an Other Insurance carrier
 - b. Carrier/payment information must be listed at the header
 - c. CARC details must be submitted at the header
 - d. No EOB attachment needed

Submitting an Institutional Crossover Claim

Submit Institutional Claim: Step 1 ?

* Indicates a required field.

Claim Type Crossover Inpatient 1

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID ID Type NPI

*Billing Provider Service Location

Institutional Provider ID ID Type NPI

Attending Provider ID ID Type

Operating Provider ID ID Type

Other Operating Provider ID ID Type

Referring Provider ID ID Type

Patient Information

*Recipient ID

Last Name First Name

Birth Date

Claim Information

*Covered Dates - *

*Admission Date/Hour (hh:mm) Discharge Hour (hh:mm)

*Admission Type *Admission Source

*Admitting Diagnosis Type ICD-10-CM *Admitting Diagnosis

*Patient Status *Facility Type Code

*Patient Number Authorization Number

Include Other Insurance Total Charged Amount \$0.00

Medicare Crossover Details

Allowed Medicare Amount 0.00 Co-insurance Amount 0.00

Deductible Amount 0.00 Blood Deductible Amount 0.00

Medicare Payment Amount 0.00 Medicare Payment Date

Continue **Cancel**

To start the process for a Crossover Institutional claim, the user will:

1. Select the appropriate **Crossover Claim Type**

NOTE: The user will follow the same steps to complete the claim as previously shown in the Submitting an Institutional Claim section.

Submitting an Institutional Crossover Claim, continued

Step 1

2

Medicare Crossover Details

Allowed Medicare Amount	<input type="text" value="0.00"/>	Co-insurance Amount	<input type="text" value="0.00"/>
Deductible Amount	<input type="text" value="0.00"/>	Blood Deductible Amount	<input type="text" value="0.00"/>
Medicare Payment Amount	<input type="text" value="0.00"/>	Medicare Payment Date	<input type="text" value=""/>

3

2. Enter the Medicare Crossover Details:

- **Deductible Amount**
- **Blood Deductible Amount**
- **Medicare Payment Amount**
- **Co-insurance Amount**
- **Medicare Payment Date**

3. Click the **Continue** button

NOTE: After adding the Medicare Crossover Details, the claims submission process is the same for Steps 2 and 3 as detailed in earlier sections.

Submitting an Institutional Crossover Claim, continued

Diagnosis Codes							
Service Details							
Svc #	Revenue Code	HCP/CS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	0120-R&B-Semi-Pvt-2 Bed-General			09/12/2018	09/17/2018	5.000 Days	\$7,500.00
2	0300-Laboratory (Lab)-General			09/12/2018	09/17/2018	22.000 Unit	\$2,800.00
3	0320-Dx X-Ray-General			09/12/2018	09/17/2018	33.000 Unit	\$3,225.85
4	0350-CT Scan-General			09/13/2018	09/13/2018	2.000 Unit	\$1,500.00
5	0250-Pharmacy (Drugs)-General			09/12/2018	09/17/2018	5.000 Unit	\$2,885.50
No External Cause of Injury Diagnosis Codes exist for this claim							
No Other Insurance Details exist for this claim							
No Condition Codes exist for this claim							
No Occurrence Codes exist for this claim							
No Value Codes exist for this claim							
No Surgical Procedures exist for this claim							
No Attachments exist for this claim							
Back to Step 1 Back to Step 2 Back to Step 3 Print Preview 4 Confirm Cancel							

Once the claim has been submitted, the user will:

4. Click the **Confirm** button

Submitting an Institutional Crossover Claim, continued

The screenshot shows a confirmation page with a blue header bar containing the text "Submit Crossover Inpatient Claim: Confirmation" and a help icon. Below the header is a light blue section titled "Crossover Inpatient Claim Receipt". The main content area contains the message: "Your Crossover Inpatient Claim was successfully submitted. The claim status is Finalized Payment." Below this message, the claim ID "2218276000022" is displayed. At the bottom of the page, there are five blue buttons: "Print Preview", "Copy", "Adjust", "New", and "View".

Submit Crossover Inpatient Claim: Confirmation ?

Crossover Inpatient Claim Receipt

Your Crossover Inpatient Claim was successfully submitted. The claim status is Finalized Payment.

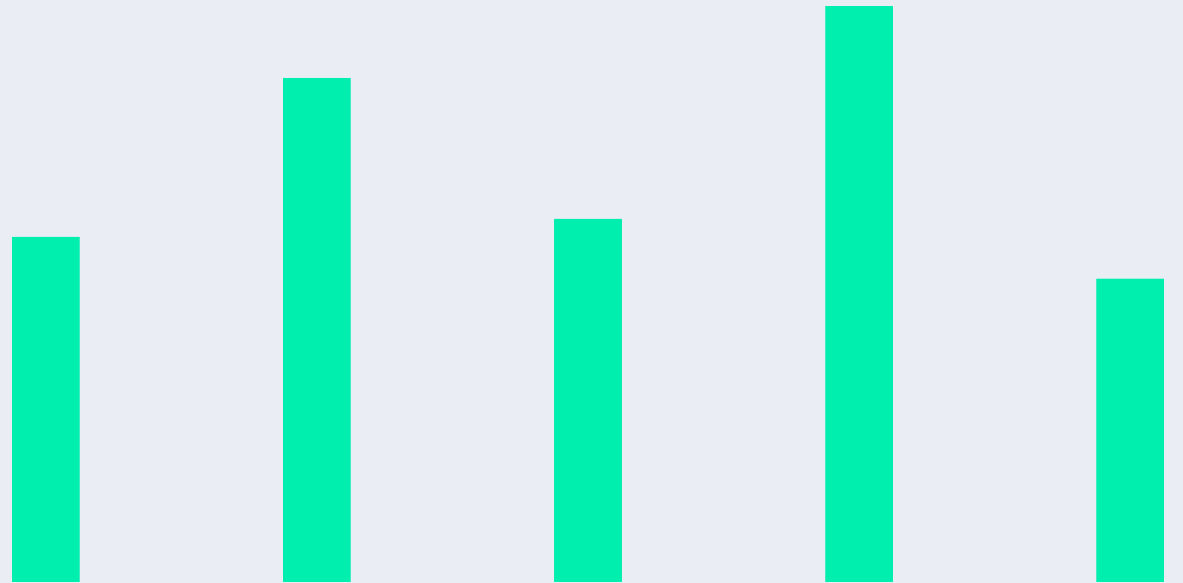
The Claim ID is 2218276000022.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **Copy** to copy member or claim data.
Click **Adjust** to resubmit the claim.
Click **New** to submit a new claim.
Click **View** to view the details of the submitted claim.

[Print Preview](#) [Copy](#) [Adjust](#) [New](#) [View](#)

The user will receive a Confirmation with the **Crossover Inpatient Claim Receipt**.

Submitting an Institutional Claim: Other Insurance Details



Claim Submission: TPL

- A. Claim must be submitted as “Inpatient” or “Outpatient” appropriately (*not Crossover*)
- B. “Include Other Insurance” box in Step 1 of claim must be checked
- C. In Step 2, the applicable TPL carrier should be selected from the list:
 - a. Remove any carriers that are not applicable to the claim
 - b. If the carrier is not on the list, click to add new other insurance
 - c. Input carrier/payment information
 - d. *Do Enter Claim Adjustment Details* in this step
- D. In Step 3, input service details:
 - a. *Do not* include Adjustment Reason codes
 - b. No EOB attachment is needed

Submitting an Institutional Claim: Other Insurance Details

Claim Information

*Covered Dates 09/17/2018 - *09/21/2018

*Admission Date/Hour 09/17/2018 (hh:mm) Discharge Hour (hh:mm)

*Admission Type 1-Emergency

*Admission Source 1-Non - Health Care Facility Point of Origin

*Admitting Diagnosis Type ICD-10-CM

*Admitting Diagnosis G40111-Local-rel symptc epi w simple part s

*Patient Status 01-Discharged to Home or Self Ca

*Facility Type Code 111-Hospital Inpatient (Including Medicare)

*Patient Number 123456789

Authorization Number

Total Charged Amount \$2,972.08

1 Include Other Insurance

2 Continue Cancel

In Step 1, after selecting the appropriate claim type and completing the provider, patient, and claim information, the user will:

1. Select the **“Include Other Insurance”** checkbox to indicate that there is Other Healthcare Coverage to be included on the claim
2. Select **Continue**

Submitting an Institutional Claim: Other Insurance Details, continued

If the recipient has other insurance carrier information on file with Nevada Medicaid, the policy information will auto populate in the Other Insurance Details panel.

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	HPN HEALTH PLAN OF NEVADA, INC	01091	15006		-	Remove

3

Carrier Name: HPN HEALTH PLAN OF NEVADA, INC
 Policy Holder Last Name: IRAPSEU
 Policy ID: 15006
 Insurance Type: -
 Responsibility: U-Unknown
 Payer Paid Amount:
 Remaining Patient Liability:
 *Claim Filing Indicator:

Carrier ID: 01091
 First Name: GXCTBX
 MI: -
 Patient Relationship to Insured: 19-Child
 *Paid Date:

4

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.
 Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
Click to collapse.					
*Claim Adjustment Group Code	<input type="text"/>	*Reason Code	<input type="text"/>	*Adjustment Amount	Adjusted Units <input type="text"/>
<input type="button" value="Add Adjustment"/>		<input type="button" value="Cancel Adjustment"/>			

3. Select the sequence number of any insurance line item to update details such as **Payer Paid Amount, Paid Date, and Claim Adjustment Details**
4. Click **Add Adjustment** to ensure that the adjustment details added to the carrier details

Once all applicable information is completed, select **Save Insurance** and **Continue** to Step 3. If no recipient TPL information is loaded, the user will find a + Click to add a new other insurance " option.

Submitting an Institutional Claim: Other Insurance Details, continued

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
Click to collapse.						
5	*Carrier Name Third Party Insurance	*Carrier ID 123456	*Policy Holder Last Name Last	*First Name First	MI <input type="checkbox"/>	
	*Policy ID 123456		Insurance Type [Dropdown]			
	*Responsibility P-Primary		*Patient Relationship to Insured 18-Self			
	Payer Paid Amount [Text Box]		*Paid Date 05/31/2019			
	Remaining Patient Liability [Text Box]					
	*Claim Filing Indicator 12-Preferred Provider Organization (PPO)					


6 [Add Insurance](#) [Cancel Insurance](#)

When adding a new Other Insurance detail, after clicking the (+), the user must:

5. Complete all required fields (*)
6. Click the **Add Insurance** button to add the Other Insurance details to the claim

NOTE: The **Carrier ID** is information that is listed on the recipient's ID card and should be 5 digits. This is also known as the Electronic Payer ID.

Submitting an Institutional Claim: Other Insurance Details, continued

Other Insurance Details 


Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Medicare	123456789	12365478910		10/01/2018	Remove

 Click to add a new other insurance.

After the user clicks the **Add Insurance** button, the new insurance will populate.

Submitting an Institutional Claim: Other Insurance Details, continued

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
7	Third Party Insurance	12345	123456		05/31/2019	Remove

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

Click to collapse.

*Claim Adjustment Group Code: CO-Contractual Obligations

*Reason Code: 1-Deductible Amount

*Adjustment Amount: 10.00

Adjusted Units: []

[Add Adjustment](#) [Cancel Adjustment](#)

[Save Insurance](#) [Cancel Insurance](#)

Click to add a new other insurance.

[Back to Step 1](#) [Continue](#) [Cancel](#)

Once Other Insurance carrier has been added successfully, the user must complete any Claim Adjustment Details.

7. Select the sequence number adjacent to the relevant carrier (#)
8. Enter the **Claim Adjustment Details**
9. Click **Add Adjustment** to ensure that the adjustment details added to the carrier details

Once all applicable information is completed, select **Save Insurance** and **Continue** to Step 3.

Submitting an Institutional Claim: Other Insurance Details, continued

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Medicare	123456789	12365478910		10/01/2018	Remove

Click to add a new other insurance.

Condition Codes [+](#)

Occurrence Codes [+](#)

Value Codes [+](#)

Surgical Procedures [+](#)

[Back to Step 1](#) **10** [Continue](#) [Cancel](#)

Click the **Remove** link to remove any other insurance details unrelated to the claim.

10. Click the **Continue** button

NOTE:

- For Medicare Part A exhaust claims, the Occurrence Code portion of the claim is required.
- For Medicare Part B only claims (recipient does not have Medicare Part A on file), the Value Codes portion of the claim is required.

Submitting an Institutional Claim: Other Insurance Details, continued

Provider Information							
Billing Provider ID			ID Type NPI				
Patient and Claim Information							
Recipient ID		Gender Female		Total Charged Amount \$2,972.08			
Recipient Birth Date		Admission Date/Hour 09/17/2018 - _		Admission Date/Hour 09/17/2018 - _			
Covered Dates		Admitting Diagnosis G40111-Local-rel symptc epi w simple part seiz, ntrct, w stat epi		Admitting Diagnosis Type			
Expand All Collapse All							
Diagnosis Codes							
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.							
#	Diagnosis Type	Diagnosis Code			POA		
1	ICD-10-CM	B088-Oth viral infections with skin and mucous membrane lesions			Yes		
2	ICD-10-CM	B012-Varicella pneumonia			Yes		
Other Insurance Details							
#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date		
1	Medicare	123456789	12365478910		10/01/2018		
Service Details							
Select the row number to edit the row. Click the Remove link to remove the entire row.							
Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1	0120-R&B-Semi-Pvt-2 Bed-General		09/17/2018	09/21/2018	4.000 Unit	\$350.00	Remove
2	0250-Pharmacy (Drugs)-General		09/17/2018	09/21/2018	1.000 Unit	\$500.25	Remove
3	0320-Dx X-Ray-General		09/17/2018	09/21/2018	1.000 Unit	\$1,500.31	Remove
4	0300-Laboratory (Lab)-General		09/17/2018	09/21/2018	1.000 Unit	\$621.52	Remove
5					0.000		
5 *Revenue Code <input type="text"/> HCPCS/Proc Code <input type="text"/> Modifiers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> From Date <input type="text"/> To Date <input type="text"/> *Units <input type="text"/> *Unit Type <input type="text"/> *Charge Amount <input type="text"/> <input type="button" value="Add"/> <input type="button" value="Reset"/>							
Attachments							
<input type="button" value="Back to Step 1"/> <input type="button" value="Back to Step 2"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/>							

After clicking the **Continue** button, proceed with the same steps as shown on the previous slides to complete Step 3 to submit your claim.

After clicking **Submit**, the user will be provided a final opportunity to review the claim before final submission and adjudication.

NOTE: It is not necessary to upload the EOB.

Submitting an Institutional Claim: Other Insurance Details, continued

Patient Number 123456789
Previous Claim ICN _
Note _
Total Charged Amount \$2,972.08

[Expand All](#) | [Collapse All](#)

Diagnosis Codes [+](#)

Other Insurance Details [-](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date
1	Medicare	123456789	12365478910		10/01/2018

Service Details [-](#)

Svc #	Revenue Code	HCCPS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	0120-R&B-Semi-Pvt-2 Bed-General			09/17/2018	09/21/2018	4.000 Unit	\$350.00
2	0250-Pharmacy (Drugs)-General			09/17/2018	09/21/2018	1.000 Unit	\$500.25
3	0320-Dx X-Ray-General			09/17/2018	09/21/2018	1.000 Unit	\$1,500.31
4	0300-Laboratory (Lab)-General			09/17/2018	09/21/2018	1.000 Unit	\$621.52

No External Cause of Injury Diagnosis Codes exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

[Back to Step 1](#) [Back to Step 2](#) [Back to Step 3](#) [Print Preview](#) [Confirm](#) [Cancel](#)

At this point, the user has the option to:

- Go back to any previous step if needed by clicking one of the **Back to Step...** buttons
- Print a copy of the page by clicking the **Print Preview** button
- Cancel the claim submission by clicking the **Cancel** button

To continue and finalize claim submission, the user must click the **Confirm** button.

Submitting an Institutional Claim: Other Insurance Details, continued

Submit Inpatient Claim: Confirmation

Inpatient Claim Receipt

Your Inpatient Claim was successfully submitted. The claim status is Finalized Payment.

The Claim ID is 2218269000008.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **Copy** to copy member or claim data.
Click **Adjust** to resubmit the claim.
Click **New** to submit a new claim.
Click **View** to view the details of the submitted claim.

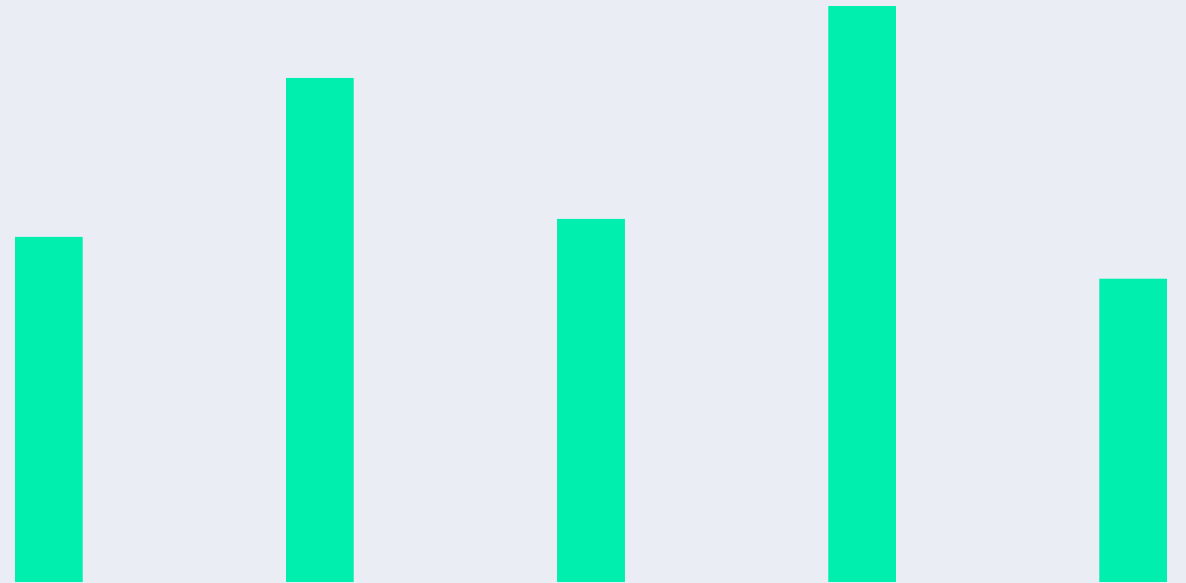
[Print Preview](#) [Copy](#) [Adjust](#) [New](#) [View](#)

The **Submit Inpatient Claim: Confirmation** will appear after the claim has been submitted. It will display the claim status and adjusted Claim ID.

The user may then:

- Click the **Print Preview** button to view claim details
- Click the **Copy** button to copy claim data
- Click the **Adjust** button to adjust the claim
- Click the **New** button to submit a new claim
- Click the **View** button to view the details of the submitted claim

Searching for Institutional Claims



Searching for an Institutional Claim

Nevada Department of Health and Human Services
Division of Health Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

My Home | **Eligibility** | **Claims** | **Management** | **File Exchange** | **Resources** | **Switch Provider**

Search Claims | [Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Search Payment History](#) | [Treatment History](#)

[Claims](#) > [Search](#) Monday 10/01/2018 12:48 PM EST

Delegate for Carson Tahoe Regional | **Role IDs** Provider - In Network - 1255360160 (NPI) | **Location** 1013843 - CARSON TAHOE HOSPITAL

Search Claims ?

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.
Claim searches are limited to a maximum range of 45 days.

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

To search for a claim, the user will need to:

1. Hover over **Claims**
2. Select **Search Claims**

Searching for an Institutional Claim, continued

The screenshot shows a web form titled "Search Claims" with a blue header. Below the header, there is a tab labeled "Medical/Dental". A message states: "A minimum one field is required. Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered. Claim searches are limited to a maximum range of 45 days." The form is divided into three sections: "Claim Information" with a "Claim ID" field; "Recipient Information" with a "Recipient ID" field (highlighted with a red box and callout 3); and "Service Information" with "Rendering Provider ID", "ID Type", "Claim Type", "Service From" (09/17/2018), "To" (09/21/2018), and "Claim Status" fields. The "Service From" and "To" fields are highlighted with a red box and callout 4. At the bottom, there are "Search" and "Reset" buttons, with the "Search" button highlighted by callout 5.

The fastest way to locate a claim is by entering the **Claim ID**.

To search without using the Claim ID:

3. Enter the **Recipient ID**
4. Enter the **Service From** and **To**
5. Click the **Search** button

NOTE: To clear the screen and access claim status on another claim, click the **Reset** button found at the bottom of the "Search Claims" page.

Searching for an Institutional Claim, continued

Search Claims ?

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type
 Service From To Claim Status

Search Results

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.

Total Records: 1

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
6 <input style="border: 1px solid red;" type="button" value="+"/>	2218276000016		Inpatient	Finalized Denied	09/24/2018 - 09/28/2018			\$0.00	-	

Once the user has clicked the **Search** button, the results will display at the bottom of the page.

From there, the user may:

6. Click the **(+)** symbol to expand the claim details

Searching for an Institutional Claim, continued

Search Results										
To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.										Total Records: 1
	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
<input type="checkbox"/>	2218276000016		Inpatient	Finalized Denied	09/24/2018 - 09/28/2018	96536412536	1255360160	\$0.00	-	

Inpatient Claim Information	
Recipient	Total Charge Amount \$2,575.00
Birth Date	Total Paid Amount \$0.00
Rendering Provider	Paid Date -
Claim Status Finalized Denied	Reason Code Finalized/Denial-The claim/line has been denied.

Service Information									
Service	Service Date	Line Status	Reason Code	Units	Revenue	Procedure/Modifiers	Charge	Paid	
1	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	4	120		\$1,500.00	\$0.00	
2	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	4	250		\$500.00	\$0.00	
3	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	1	320		\$300.00	\$0.00	
4	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	2	300		\$275.00	\$0.00	

Once the user has clicked the + symbol, the **Inpatient Claim Information** and **Service Information** panels will populate.

Searching for an Institutional Claim, continued

Search Results

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID. Total Records: 1

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
<input type="checkbox"/>	2218276000016	7	Inpatient	Finalized Denied	09/24/2018 - 09/28/2018	96536412536	1255360160	\$0.00	-	

Inpatient Claim Information

Recipient	Total Charge Amount \$2,575.00
Birth Date	Total Paid Amount \$0.00
Rendering Provider L	Paid Date -
Claim Status -----	Reason Code Finalized/Denial-The claim/line has been denied.

Service Information

Service	Service Date	Line Status	Reason Code	Units	Revenue	Procedure/Modifiers	Charge	Paid
1	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	4	120		\$1,500.00	\$0.00
2	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	4	250		\$500.00	\$0.00
3	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	1	320		\$300.00	\$0.00
4	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	2	300		\$275.00	\$0.00

7. Click the **Claim ID** hyperlink to open the claim

Searching for an Institutional Claim, continued

View Institutional Claim - ID 2218276000016 [Back to Search Results](#)

Claim Type Inpatient

Provider Information

Billing Provider ID	1255360160	ID Type	NPI
Billing Provider Service Location	11-CARSON TAHOE REGIONAL HEALTHCARE-1600 MEDICAL PARKWAY, CARSON CITY, NEVADA, 89703-4625		
Institutional Provider ID	_	ID Type	_
Attending Provider ID	_	ID Type	_
Operating Provider ID	_	ID Type	_
Other Operating Provider ID	_	ID Type	_
Referring Provider ID	_	ID Type	_

Patient Information

Recipient ID		Gender	Female
Recipient			
Birth Date			

Claim Information

Claim Status	Finalized Denied	Admission Date/ Hour	09/24/2018 - _
Covered Dates	09/24/2018 - 09/28/2018	Admission Source	1-Non - Health Care Facility Point of Origin
Admission Type	1-Emergency	Discharge Hour	_
Admitting Diagnosis Type	ICD-10-CM	Facility Type Code	111-Hospital Inpatient (Including Medicare Part A)- Admit through Discharge Claim
Admitting Diagnosis	R079	Authorization Number	451826900002
Patient Status	01-Discharged to Home or Self Care (Routine Discharge)	Related Claim ICN	_
Patient Number	123456		
Previous Claim ICN	_		
Note			

Total Allowed Amount \$0.00 Total Co-pay Amount \$0.00 Total Charged Amount \$2,575.00 Total Paid Amount \$0.00

[Expand All](#) | [Collapse All](#)

Adjudication Errors [+](#)

If the claim is denied, the user may review the errors as follows:

8. Click the **(+)** symbol adjacent to the **Adjudication Errors** panel

8

Searching for an Institutional Claim, continued

Claim Information	
Claim Status	Finalized Denied
Covered Dates	09/24/2018 - 09/28/2018
Admission Type	1-Emergency
Admitting Diagnosis Type	ICD-10-CM
Admitting Diagnosis	R079
Patient Status	01-Discharged to Home or Self Care (Routine Discharge)
Patient Number	123456
Previous Claim ICN	_
Note	_
Total Allowed Amount	\$0.00
Total Co-pay Amount	\$0.00
Total Charged Amount	\$2,575.00
Total Paid Amount	\$0.00

[Expand All](#) | [Collapse All](#)

Adjudication Errors			
Claim / Service #	HIPAA Adj	Description	EOB
Claim	381	ATTENDING NPI REQUIRED	1390
Claim	1022	REFERRING NPI REQUIRED	1024
Claim	3347	NO PAYABLE ACCOMMODATION CODE	0609

Diagnosis Codes +

Service Details										
Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
<u>1</u>	0120-R&B-Semi-Pvt-2 Bed-General			09/24/2018	09/28/2018	4.000 Unit	\$1,500.00	\$0.00	\$0.00	\$0.00
<u>2</u>	0250-Pharmacy (Drugs) -General			09/24/2018	09/28/2018	4.000 Unit	\$500.00	\$0.00	\$0.00	\$0.00
<u>3</u>	0320-Dx X-Ray-General			09/24/2018	09/28/2018	1.000 Unit	\$300.00	\$0.00	\$0.00	\$0.00
<u>4</u>	0300-Laboratory (Lab) -General			09/24/2018	09/28/2018	2.000 Unit	\$275.00	\$0.00	\$0.00	\$0.00

With the **Adjudication Errors** panel expanded, the user may review the errors associated with the claim's denial.

Viewing an Institutional Claim's Remittance Advice (RA)



Viewing an Institutional Claim's RA

The screenshot shows a web application interface for viewing an Institutional Claim's RA. The top navigation bar includes 'My Home', 'Claims', 'Care Management', 'File Exchange', 'Resources', and 'Switch Provider'. The 'Claims' menu is highlighted with a red box and a callout '1'. Below the navigation bar, there are links for 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim', 'Search Payment History', and 'Treatment History'. The 'Search Payment History' link is highlighted with a red box and a callout '2'. The main content area is titled 'Search Payment History' and includes a 'Provider Information' section with fields for 'Provider ID', 'ID Type', 'NPI', 'Name', and 'Location ID'. Below this, there is a search form with a red box around it and a callout '3'. The search form includes a 'Payment Method' dropdown menu, a 'Payment Type' dropdown menu, a 'Check # / RA #' text input, and 'Issue Date' fields with '*From' and '*To' date pickers. At the bottom of the search form, there are 'Search' and 'Reset' buttons, with the 'Search' button highlighted by a red box and a callout '4'.

To begin locating an RA, the user will:

1. Hover over **Claims**
2. Select **Search Payment History**
3. Enter search criteria to refine the search results
4. Click the **Search** button

NOTE: RAs can only be searched in the Provider Portal. The default search range is for the past 90 days.

Viewing an Institutional Claim's RA, continued

Search Payment History ?

Provider Information



Provider ID : ID Type NPI Name
Location ID 1002006

* Indicates a required field.
Placeholder for configurable text.

Payment Method Payment Type Check # / RA #
Issue Date *From *To


Search Results

To access a copy of the Remittance Advice, select the 'RA' icon. Access to the RA will require PDF software.
If the RA is too large to display, you will get an error message instead of downloaded RA. You will need to contact Customer Service 5 ance.

Issue Date	Payment Method	Payment Type	Check # / RA #	Total Paid Amount	RA Copy (PDF)
06/22/2018	CHK	C	000000000/100004855	\$0.00	
06/15/2018	CHK	C	000000000/100004767	\$0.00	

PDF Files require [Adobe Acrobat Reader](#)

The user will:

- Click on the image  in the **RA Copy** column to view the RA.

Viewing an Institutional Claim's RA, continued

Search Payment History ?

Provider Information

Provider ID	ID Type	NPI	Name
	Location ID	1002006	

* Indicates a required field.

Placeholder for configurable text.

Payment Method:

Payment Type: Check # / RA #:



Issue Date: *From *To

Search Results

To access a copy of the Remittance Advice, select the 'RA' icon. Access to the RA will require PDF software.

If the RA is too large to display, you will get an error message instead of downloaded RA. You will need to contact Customer Service for assistance.

Total Records: 2

Issue Date	Payment Method	Payment Type	Check # / RA #	Total Paid Amount	RA Copy (PDF)
06/22/2018	CHK	C	000000000/100004855	\$0.00	
06/15/2018	CHK	C	000000000/100004767	\$0.00	

PDF Files require [Adobe Acrobat Reader](#)

6. Click the **Open** button

Do you want to open or save RA 100004855.pdf (14.6 KB) from portalmod.medicaid.nv.gov?

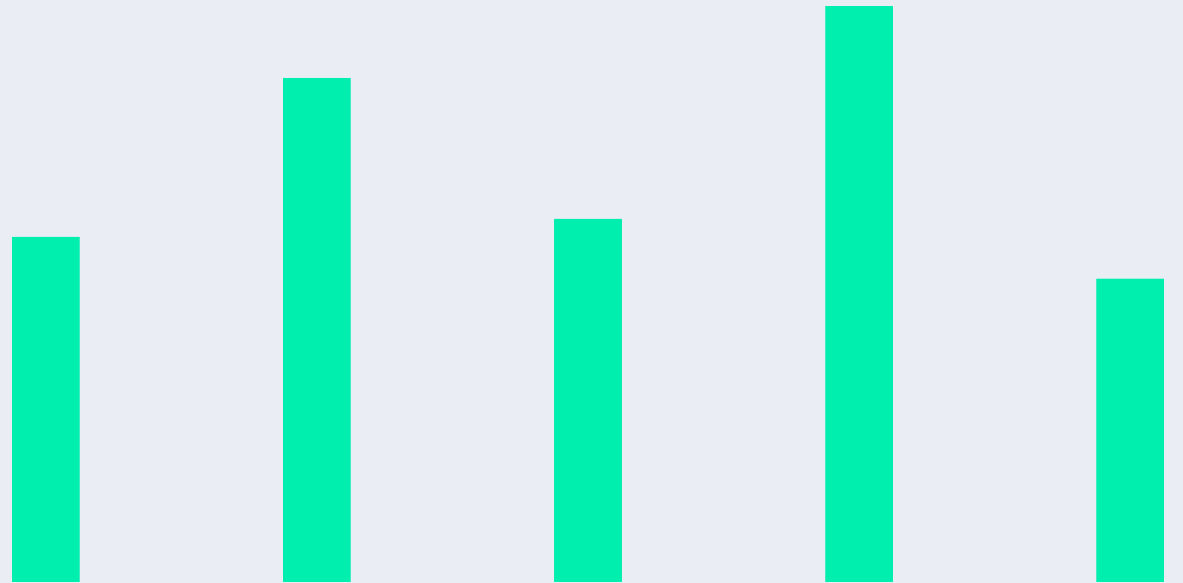
6

Viewing an Institutional Claim's RA, continued

REPORT: CRA-IPDN-R		NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY				DATE: 10/05/2018	
RA#: 100005607		NEVADA MEDICAID (TXIX)				PAGE: 3	
PAYER: TXIX		PROVIDER REMITTANCE ADVICE					
		INPATIENT CLAIMS DENIED					
						PAYER ID	1013843 MCD
						NPI	-----
						CHECK/EFT NUMBER	000000000
						PAYMENT DATE	10/12/2018
--ICN--	PCN	SERVICE DATE	ADMIT DT	C DAYS	BILLED	OTH INS	
	MRN	FROM	TO	DRG CD	SOI	AMOUNT	AMOUNT
MEMBER NAME:		MEMBER NO.:					
2218277000005	123456789	091718	092118	091718	0	2,972.08	0.00
HEADER ROGC: 0609 1011							
--ICN--	PCN	SERVICE DATE	ADMIT DT	C DAYS	BILLED	OTH INS	
	MRN	FROM	TO	DRG CD	SOI	AMOUNT	AMOUNT
MEMBER NAME: QPRD VRLWNEP		MEMBER NO.: 96536412536					
2218277000006	123456789	091718	092118	091718	0	2,972.08	0.00

After clicking the **Open** button, the user can review the RA.

Copying an Institutional Claim



Copying an Institutional Claim

My Home | **Claims** | Care Management | File Exchange | Resources | Switch Provider

Search Claims | Submit Claim Inst | Submit Claim Prof | Search Payment History | Treatment History

Thursday 10/04/2018 03:14 PM EST

Delegate for Carson Tahoe Regional | Role IDs Provider - In Network - 1255360160 (NPI) | Location 1013843 - CARSON TAHOE HOSPITAL

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type

Service From To

Claim Type

Claim Status

Search Results

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.

Total Records: 3

Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
2218271000015		Crossover Professional	Finalized Denied	09/17/2018			\$0.00	-	
2218277000005		Inpatient	Finalized Denied	09/17/2018 09/21/2018			\$0.00	-	
2218277000006		Inpatient	Finalized Denied	09/17/2018 09/21/2018			\$0.00	-	

To copy a claim, the user will need to:

1. Return to the “Search Claims” page
2. Enter the search criteria
3. Click the **Search** button

Search results will populate at the bottom of the screen.

From the search results:

4. Click the **Claim ID** link

Copying an Institutional Claim, continued

5

Claim Information

Claim Status Finalized Denied
Covered Dates 09/17/2018 - 09/21/2018
Admission Type 1-Emergency
Admitting Diagnosis Type ICD-10-CM
Admitting Diagnosis G40111
Patient Status 01-Discharged to Home or Self Care (Routine Discharge)
Patient Number 123456789
Previous Claim ICN -
Note -
Total Allowed Amount \$0.00
Total Co-pay Amount \$0.00

Admission Date/ Hour 09/17/2018 - -
Admission Source 1-Non - Health Care Facility Point of Origin
Discharge Hour -
Facility Type Code 111-Hospital Inpatient (Including Medicare Part A)- Admit through Discharge Claim
Authorization Number -
Related Claim ICN -
Total Charged Amount \$2,972.08
Total Paid Amount \$0.00

[Expand All](#) | [Collapse All](#)

Adjudication Errors

Diagnosis Codes

Service Details

Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	0120-R&B-Semi-Pvt-2 Bed-General			09/17/2018	09/21/2018	4.000 Unit	\$350.00	\$0.00	\$0.00	\$0.00
2	0250-Pharmacy (Drugs) -General			09/17/2018	09/21/2018	1.000 Unit	\$500.25	\$0.00	\$0.00	\$0.00
3	0320-Dx X-Ray-General			09/17/2018	09/21/2018	1.000 Unit	\$1,500.31	\$0.00	\$0.00	\$0.00
4	0300-Laboratory (Lab) -General			09/17/2018	09/21/2018	1.000 Unit	\$621.52	\$0.00	\$0.00	\$0.00

No External Cause of Injury Diagnosis Codes exist for this claim

No Other Insurance Details exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

6 [Copy](#) [Print Preview](#)

After the user has viewed the claim, user will:

5. Scroll down to the bottom of the page
6. Click the **Copy** button, that opens the copied claim

Copying an Institutional Claim, continued

Delegate for | Role IDs | Provider - In Network - | Location

Copy Inpatient Claim

Select the information you would like to have copied to the new claim. Press Copy to initiate the claim and continue entering claim information.

Recipient Information
Recipient ID
Last Name
First Name
Birth Date
Condition Codes(s)

Service Information
Inpatient/Outpatient Ind.
Admission Source
Admission Type
Admitting Diagnosis
Place of Service
Diagnosis Code(s)
Revenue Code(s)
HCPCS/Proc Code(s)
Modifier(s)
Detail Charge Amount(s)
Units
Unit Type(s)
NDC Code Type(s)
NDC Code(s)
NDC Quantity(s)
NDC Unit of Measure(s)

Recipient and Service Information
Copies data listed in previous 2 columns.

Entire Claim
Copies data listed in columns 1 and 2 PLUS:
All Providers
Admission Date/Hour
Discharge Hour
Patient Status
Authorization Number
Occurrence Code(s)
Value Code(s)
Surgical Procedure Code(s)
NDC Prescription #(s)
NDC Prescription Type(s)
Other Insurance Details
All Dates
All Amounts

7

8

Copy Cancel

7. Select what portion of the claim to copy (for this example, the user has selected **Entire Claim**)
8. Click the **Copy** button

Copying an Institutional Claim, continued

Submit Institutional Claim: Step 1 ?

* Indicates a required field.

Claim Type

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	<input type="text" value="11-CARSON"/>	ID Type	<input type="text" value="NPI"/>
* Billing Provider Service Location	<input type="text" value="11-CARSON"/>		
Institutional Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Attending Provider ID	<input type="text" value="1952455032"/>	ID Type	<input type="text" value="NPI"/>
Operating Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Other Operating Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>

Patient Information

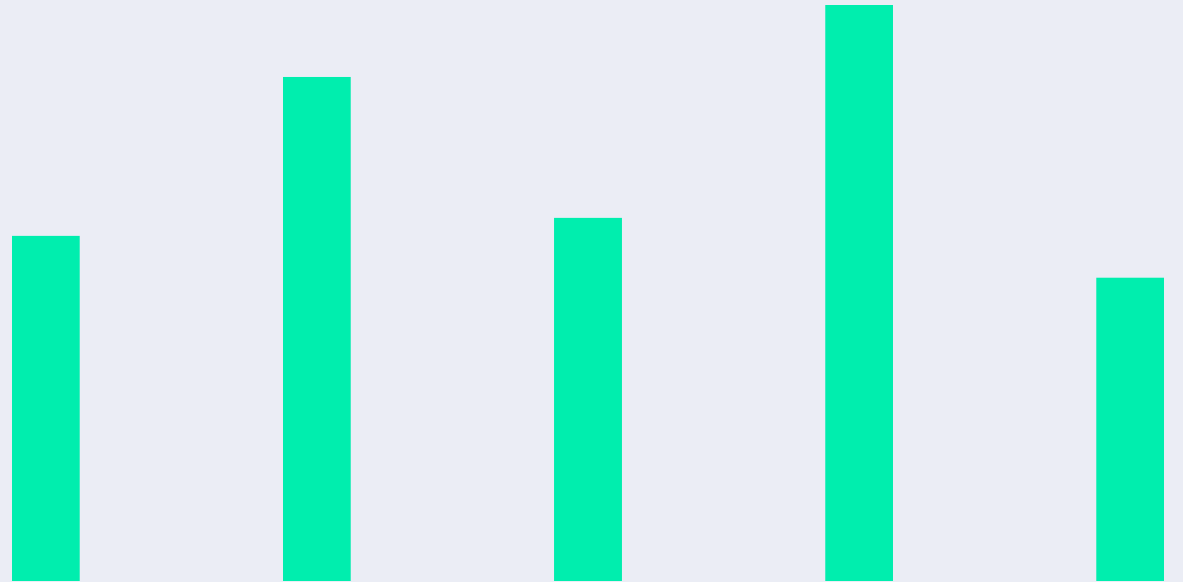
* Recipient ID	<input type="text"/>
Last Name	<input type="text"/>
Birth Date	<input type="text" value="10/03/1983"/>
First Name	<input type="text"/>

Claim Information

* Covered Dates	<input type="text" value="09/04/2018"/> - <input type="text" value="09/07/2018"/>	Discharge Hour	<input type="text"/> (hh:mm)
* Admission Date/Hour	<input type="text" value="09/04/2018"/> (hh:mm)	* Admission Source	<input type="text" value="1-Non - Health Care Facility Point of Origin"/>
* Admission Type	<input type="text" value="1-Emergency"/>	* Admitting Diagnosis	<input type="text" value="R079-Chest pain, unspecified"/>
* Admitting Diagnosis Type	<input type="text" value="ICD-10-CM"/>	* Facility Type Code	<input type="text" value="111-Hospital Inpatient (Including Medicare)"/>
* Patient Status	<input type="text" value="01-Discharged to Home or Self Ca"/>	Authorization Number	<input type="text" value="451826900002"/>
* Patient Number	<input type="text" value="1111"/>		
Include Other Insurance	<input type="checkbox"/>	Total Charged Amount	\$12,100.00

The user may edit and submit the claim as covered in prior sections.

Adjusting an Institutional Claim



Adjusting an Institutional Claim

To begin the claim adjustment process:

1. Return to the “Search Claims ” page
2. Enter the search criteria
3. Click the **Search** button
4. Click the **Claim ID** hyperlink

NOTE: Denied Claims cannot be adjusted. The **Claim Status** column will indicate Finalized Payment if a claim is paid.

Search Claims

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.
Claim searches are limited to a maximum range of 45 days.

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

Search **Reset**

Search Results

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID. Total Records: 1

Claim ID	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
2218276000022	Crossover Inpatient	Finalized Payment	09/12/2018 - 09/17/2018	80733203496	1801152566	\$2,472.00	-	

Adjusting an Institutional Claim, continued

Step 1

View Institutional Claim - ID 2218276000022 [Back to Search Results](#) ?

Claim Type Crossover Inpatient

Provider Information

5	Provider ID	ID Type	NPI
Billing Provider Service Location	11-		
Institutional Provider ID		ID Type	NPI
Attending Provider ID		ID Type	NPI
Operating Provider ID		ID Type	-
Other Operating Provider ID		ID Type	-
Referring Provider ID		ID Type	NPI

Patient Information

Recipient ID		Gender	Male
Recipient			
Birth Date	01/26/1943		

Claim Information

Claim Status	Finalized Payment	Admission Date/Hour	09/12/2018 - 10:00
Covered Dates	09/12/2018 - 09/17/2018	Admission Source	1-Non - Health Care Facility Point of Origin
Admission Type	1-Emergency	Discharge Hour	11:00
Admitting Diagnosis Type	ICD-10-CM	Facility Type Code	111-Hospital Inpatient (Including Medicare Part A)- Admit through Discharge Claim
Admitting Diagnosis	I5030	Authorization Number	-
Patient Status	01-Discharged to Home or Self Care (Routine Discharge)	Related Claim ICN	-
Patient Number	1125		
Previous Claim ICN	-		
Note	-		
Total Allowed Amount	\$7,500.00	Total Co-pay Amount	\$0.00
		Total Charged Amount	\$17,911.35
		Total Paid Amount	\$2,472.00

Medicare Crossover Details

Deductible Amount	\$1,340.00	Co-insurance Amount	\$1,132.00
Blind Deductible Amount	\$0.00	Medicare Payment Date	10/01/2018
Medicare Payment Amount	\$4,528.00		

[Expand All](#) | [Collapse All](#)

Diagnosis Codes [+](#)

No Surgical Procedures exist for this claim

No Attachments exist for this claim

6

[Adjust](#) [Void](#) [Print Preview](#)

On the “View Institutional Claim: Step 1” page, the user will:

5. Scroll down to the bottom of the page
6. Click the **Adjust** button

Adjusting an Institutional Claim, continued

Step 1

Claims > Resubmit Claim Inst Thursday 10/04/2018 06:01 PM PST

Resubmit Institutional Claim ID 2218276000022: Step 1

* Indicates a required field.

Claim Type Crossover Inpatient

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID ID Type NPI

*Billing Provider Service Location 11-

Institutional Provider ID ID Type NPI

Attending Provider ID ID Type NPI

Operating Provider ID ID Type

Other Operating Provider ID ID Type

Referring Provider ID ID Type NPI

Patient Information

*Recipient ID

Last Name First Name

Birth Date 01/26/1943

Claim Information

Claim Status Finalized Payment

*Covered Dates 09/12/2018 - 09/17/2018

*Admission Date/Hour 09/12/2018 10:00 (hh:mm) Discharge Hour 11:00 (hh:mm)

*Admission Type 1-Emergency *Admission Source 1-Non - Health Care Facility Point of Origin

*Admitting Diagnosis Type ICD-10-CM *Admitting Diagnosis I5030-Unspecified diastolic (congestive) hear

*Patient Status 01-Discharged to Home or Self Ca *Facility Type Code 111-Hospital Inpatient (Including Medicare)

*Patient Number 1125 Authorization Number

Include Other Insurance Total Charged Amount \$17,911.35

Medicare Crossover Details

Deductible Amount 1,340.00 Co-insurance Amount 1,132.00

Blood Deductible Amount 0.00 Medicare Payment Date 10/01/2018

Medicare Payment Amount 4,528.00

No Adjudication Errors exist for this claim

8 Continue Cancel

From here, the user may:

7. Review and make any necessary edits to the Step 1 Provider, Recipient, or Claim information
8. Click on the **Continue** button at the bottom of the page to proceed to the next step

In this example, the user has changed the Medicare **Deductible Amount**.

Adjusting an Institutional Claim, continued

Step 1

Medicare Crossover Details

Deductible Amount	1,340.00	Co-insurance Amount	1,132.00
Blood Deductible Amount	0.00	Medicare Payment Date	10/01/2018
Medicare Payment Amount	4,528.00		

No Adjudication Errors exist for this claim

Continue Cancel

Medicare Crossover Details

Deductible Amount		Co-insurance Amount	3,000.00
Blood Deductible Amount	0.00	Medicare Payment Date	10/01/2018
Medicare Payment Amount	7,000.00		

No Adjudication Errors exist for this claim

Continue Cancel

For this example, the user has removed the Medicare **Deductible Amount** (step 10) from the adjusted claim.

To continue, the user will:

11. Click the **Continue** button to proceed to Step 2

Adjusting an Institutional Claim, continued

Resubmit Institutional Claim ID 2218276000022: Step 2

* Indicates a required field.

Claim Type Crossover Inpatient

Provider Information

Billing Provider ID ID Type NPI

Patient and Claim Information

Claim Status Finalized Payment
Recipient ID Recipient
Birth Date 01/26/1943 Gender Male
Covered Dates 09/12/2018 - 09/17/2018 Total Charged Amount \$17,911.35
Admission Date/Hour 09/12/2018 - 10:00
Admitting Diagnosis Type ICD-10-CM Admitting Diagnosis I5030-Unspecified diastolic (congestive) heart failure

Medicare Crossover Details

Deductible Amount _ Co-insurance Amount \$3,000.00
Blood Deductible Amount \$0.00 Medicare Payment Date 10/01/2018
Medicare Payment Amount \$7,000.00

Expand All | Collapse All

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	POA	Action
1	ICD-10-CM	I5030-Unspecified diastolic (congestive) heart failure	Yes	Remove
2	ICD-10-CM	I10-Essential (primary) hypertension	Yes	Remove
3	ICD-10-CM	I509-Heart failure, unspecified	Unknown	Remove
4				

4 *Diagnosis Type ICD-10-CM *Diagnosis Code
Present on Admission No

Add Reset

Surgical Procedures

No Adjudication Errors exist for this claim

Back to Step 1 9 Continue Cancel

Once the user has clicked the **Continue** button, Step 2 will populate, and the user will:

9. Click the **Continue** button again and Step 3 will populate

NOTE: Click the **Cancel** button to cancel the adjustment.

Adjusting an Institutional Claim, continued

Resubmit Institutional Claim ID 2218276000022: Step 3 ?

* Indicates a required field.

Claim Type Crossover Inpatient

Provider Information

Billing Provider ID **ID Type** NPI

Patient and Claim Information

Claim Status Finalized Payment
Recipient ID **Gender** Male
Recipient Birth Date 01/26/1943 **Total Charged Amount** \$17,911.35
Covered Dates 09/12/2018 - 09/17/2018 **Admission Date/Hour** 09/12/2018 - 10:00
Admitting Diagnosis Type ICD-10-CM **Admitting Diagnosis** I5030-Unspecified diastolic (congestive) heart failure

Medicare Crossover Details

Deductible Amount _ **Co-insurance Amount** \$3,000.00
Blood Deductible Amount \$0.00 **Medicare Payment Date** 10/01/2018
Medicare Payment Amount \$7,000.00

[Expand All](#) | [Collapse All](#)

Diagnosis Codes +

Service Details -

Attachments -

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
Click to add attachment.					

No Adjudication Errors exist for this claim

[Back to Step 1](#) [Back to Step 2](#) **10** [Resubmit](#) [Cancel](#)

10. Click the **Resubmit** button

NOTE: Click the **Cancel** button to cancel the adjustment.

Adjusting an Institutional Claim, continued

Service Details							
Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	0120-R&B-Semi-Pvt-2 Bed-General			09/12/2018	09/17/2018	5.000 Days	\$7,500.00
2	0300-Laboratory (Lab)-General			09/12/2018	09/17/2018	22.000 Unit	\$2,800.00
3	0320-Dx X-Ray-General			09/12/2018	09/17/2018	33.000 Unit	\$3,225.85
4	0350-CT Scan-General			09/13/2018	09/13/2018	2.000 Unit	\$1,500.00
5	0250-Pharmacy (Drugs)-General			09/12/2018	09/17/2018	5.000 Unit	\$2,885.50

No Adjudication Errors exist for this claim

No External Cause of Injury Diagnosis Codes exist for this claim

No Other Insurance Details exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

Back to Step 1 Back to Step 2 Back to Step 3 Print Preview

11 Confirm Cancel

11. Click the **Confirm** button

NOTE: Click the **Cancel** button to cancel the adjustment.

Adjusting an Institutional Claim, continued

Resubmit Crossover Inpatient Claim: Confirmation ?

Crossover Inpatient Claim Receipt

Your Crossover Inpatient Claim was successfully resubmitted. The claim status is Finalized Payment.

The Claim ID is 5918277000001.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **Copy** to copy member or claim data.
Click **Adjust** to resubmit the claim.
Click **View** to view the details of the submitted claim.

[Print Preview](#) [Copy](#) [Adjust](#) [View](#)

Once the user clicks the **Confirm** button, the “Resubmit Crossover Inpatient Claim: Confirmation” page will appear.

It will display the claim status and adjusted Claim ID.

Submitting an Appeal for a Claim



Submitting an Appeal for a Claim

Delegate for Carson Tahoe Regional Role IDs Provider - In Network - 1255360160 (NPI) Location 1013843 - CARSON TAHOE HOSPITAL

Provider

Welcome

Name

Provider ID

Location ID

▶ My Profile

▶ Switch Provider

Provider Services

▶ Member Focused Viewing

▶ Search Payment History

▶ Revalidate-Update Provider

▶ Pharmacy PA

▶ PASRR

▶ EHR Incentive Program

▶ EPSDT

▶ Presumptive Eligibility

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

Contact Us

Secure Correspondence

Welcome Health Care Professional!

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)

Provider Web Portal Quick Reference Guide [\[Review\]](#)

From the home page, the user will:

1. Select **Secure Correspondence** to start the Appeal process

Submitting an Appeal for a Claim, continued

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > [Secure Correspondence](#) > Create Message Tuesday 07/03/2018 06:59 AM PST

Secure Correspondence - Create Message [Back to Message Box](#)

Enter your correspondence information below and click the **Send** button to send the correspondence to the plan or click **Cancel** to go back.

Technical Support will accept Provider Web Portal usage issues submitted through this page except for those relating to prior authorization. For pharmacy prior authorization questions call 855-455-3311. For non-pharmacy prior authorization questions, call 800-525-2395. For non-technical support related issues, please go to www.medicaid.nv.gov or call 1-877-638-3472.

* Indicates a required field.

* **Subject** **2**

* **Message Category**

Email

Confirm Email

Phone Number

* **Preferred Method of Communication**

* **Service Provider ID**

* **Provider Type**

* **Denial Reason**

* **Message**

2. The user will select from the **Message Category** dropdown “Claims – Appeals” and fill out all of the required fields.

Submitting an Appeal for a Claim, continued

The screenshot shows a web form titled "Attachments". At the top, it says "Click the **Remove** link to remove the entire row." Below this is a table with columns: #, Transmission Method, File, Control #, Attachment Type, and Action. A "Click to collapse" link is visible. The form contains several fields: a dropdown for "Transmission Method" (set to "EL-Electronic Only"), a file upload field with a "Browse..." button, a dropdown for "Attachment Type", and a "Description" text box. At the bottom of the form are "Add" and "Cancel" buttons. Below the form, there are "Send" and "Cancel" buttons. A red box highlights the "Browse..." button and the "Send" button. A blue callout with the number "3" points to the "Browse..." button, and another blue callout with the number "4" points to the "Send" button.

Next, the user will:

3. Click the **Browse** button and locate the file supporting the appeal request on their computer to attach
4. Click the **Send** button

NOTE: Once the user clicks **Send** and the appeal has been created, the system will create a Contact Tracking Number (CTN). The user can use the CTN to check on the status of the appeal.

Submitting an Appeal for a Claim, continued

Secure Correspondence - Message Box

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional contact us.

Status	CTN #	Subject	Opened	Last
Open	4256	Appeal of a denial	/2018	
Open	4255	testing	/2018	
Open	4253	Testing from MO	/2018	
Open	4252	Testing 6268 in MO	Level 2 Support - Account Issues	09/18/2018
Open	4251	Testing 6268	Claims - Appeals	09/06/2018

After clicking **Send**, a confirmation message will populate with “Your secure message was successfully sent”

User will then need to:

5. Click the **OK** button

NOTE: A confirmation email will be sent preceding the request.

Submitting an Appeal for a Claim, continued

Secure Correspondence - Message Box [Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us. [Create New Message](#)

Total Records: 13

Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Open	4256	Appeal of a denied claim	Claims - Appeals	10/02/2018	10/02/2018
Open	4255	testing	Claims - Appeals	09/27/2018	09/27/2018
Open	4253	Testing from MO	Level 2 Support - Account Issues	09/19/2018	09/19/2018
Open	4252	Testing 6268 in MO	Level 2 Support - Account Issues	09/18/2018	09/18/2018
Open	4251	Testing 6268	Claims - Appeals	09/06/2018	09/06/2018
Open	4227	Testing sample for 5916	Level 2 Support - Account Issues	08/14/2018	08/14/2018
Closed	4217	Help	Other	07/08/2018	08/03/2018
Open	4218	Testing Help	Other	07/08/2018	07/08/2018
Open	4219	Testing help..	Other	07/08/2018	07/08/2018
Open	4188	Testing in Model	Level 2 Support - Account Issues	04/09/2018	04/09/2018

1 2

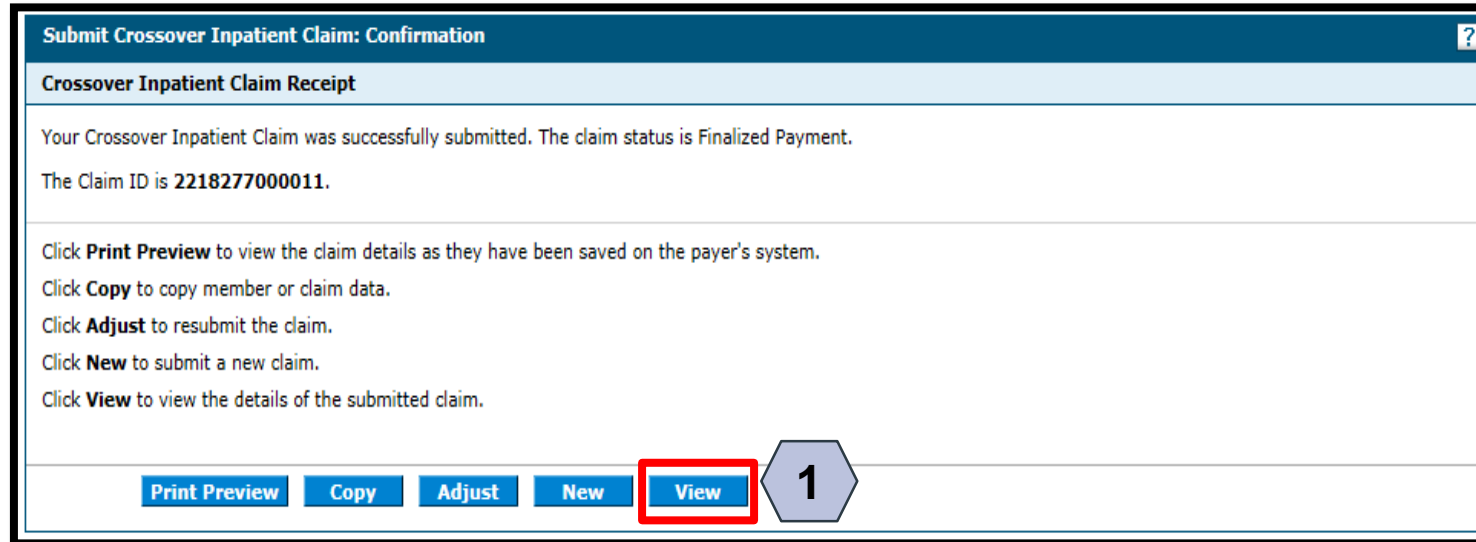
After the user clicks the **OK** button, they will be directed to the **Secure Correspondence - Message Box**, where the new CTN can be seen.

NOTE: After initial email confirmation, subsequent notifications of correspondence will not be sent.

Voiding an Institutional Claim



Voiding an Institutional Claim



Should a claim need to be voided immediately after submitting for payment, the user will

1. Click the **View** button to begin the void process.

NOTE: Additionally, a claim can be voided by searching for a previously submitted claim, as shown in the Searching for an Institutional Claim section.

Voiding an Institutional Claim, continued

View Institutional Claim - ID 221827700011		Back to Search Results ?
Claim Type Crossover Inpatient		
Provider Information		
Billing Provider ID	ID Type NPI
Billing Provider Service Location	11-	
Institutional Provider ID	ID Type NPI
Attending Provider ID		ID Type NPI
Operating Provider ID	_	ID Type _
Other Operating Provider ID	_	ID Type _
Referring Provider ID	_	ID Type _
Patient Information		
Recipient ID		
Recipient		Gender Male
Birth Date	01/26/1943	
Claim Information		
Claim Status	Finalized Payment	
Covered Dates	09/25/2018 - 09/28/2018	Admission Date/Hour 09/25/2018 - 08:00
Admission Type	3-Elective	Admission Source 2-Clinic or Physician's Office
Admitting Diagnosis Type	ICD-10-CM	Discharge Hour 10:00
Admitting Diagnosis	I10	Facility Type Code 111-Hospital Inpatient (Including Medicare Part A)- Admit through Discharge Claim
Patient Status	01-Discharged to Home or Self Care (Routine Discharge)	Authorization Number _
Patient Number	2222	Related Claim ICN _
Previous Claim ICN	_	
Note	_	
Total Allowed Amount	\$4,500.00	Total Charged Amount \$11,772.22
Total Co-pay Amount	\$0.00	Total Paid Amount \$0.00

Once the user has clicked the **View** button, the claim will display.

Voiding an Institutional Claim, continued

Medicare Crossover Details										
Deductible Amount		\$1,340.00		Co-insurance Amount		\$1,320.00				
Blood Deductible Amount		\$0.00		Medicare Payment Date		10/03/2018				
Medicare Payment Amount		\$4,528.00								
Expand All Collapse All										
Diagnosis Codes										
Service Details										
Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	0120-R&B-Semi-Pvt-2 Bed-General			09/25/2018	09/28/2018	3.000 Days	\$3,600.00	\$4,500.00	\$0.00	\$0.00
2	0300-Laboratory (Lab)-General			09/25/2018	09/28/2018	22.000 Unit	\$2,800.00	\$0.00	\$0.00	\$0.00
3	0320-Dx X-Ray-General			09/25/2018	09/28/2018	3.000 Unit	\$3,250.00	\$0.00	\$0.00	\$0.00
4	0250-Pharmacy (Drugs)-General			09/25/2018	09/28/2018	3.000 Unit	\$2,122.22	\$0.00	\$0.00	\$0.00
No Adjudication Errors exist for this claim										
No External Cause of Injury Diagnosis Codes exist for this claim										
No Other Insurance Details exist for this claim										
No Condition Codes exist for this claim										
No Occurrence Codes exist for this claim										
No Value Codes exist for this claim										
No Surgical Procedures exist for this claim										
No Attachments exist for this claim										
2										
Adjust Copy Void Print Preview										

To void the claim, the user will:

2. Click the **Void** button at the bottom of the page

Voiding an Institutional Claim, continued

Total Allowed Amount \$4,500.00 Total Co-pay Amount \$0.00 Total Paid Amount \$0.00

Medicare Crossover Details

Deductible Amount \$1,340.00 Co-insurance Amount \$1,320.00
Blood Deductible Amount \$0.00 Medicare Payment Date 10/03/2018
Medicare Payment Amount \$4,528.00

[Expand All](#) | [Collapse All](#)

Diagnosis Codes [+](#)

Service Details [-](#)

Svc #	Revenue Code	HCP/CS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	0120-R&B-Semi-Pvt-2 Bed-General			09/25/2018	09/28/2018	3.000 Days	\$3,600.00	\$4,500.00	\$0.00	\$0.00
2	0300-Laboratory (Lab) -General			09/25/2018	09/28/2018	22.000 Unit	\$2,800.00	\$0.00	\$0.00	\$0.00
3	0320-Dx X-Ray-General			09/25/2018	09/28/2018	3.000 Unit	\$3,250.00	\$0.00	\$0.00	\$0.00
4	0250-Pharmacy (Drugs) -General			09/25/2018	09/28/2018	3.000 Unit	\$2,122.22	\$0.00	\$0.00	\$0.00

No Adjudication Errors exist for this claim
No External Cause of Injury Diagnosis Codes exist for this claim
No Other Insurance Details exist for this claim
No Condition Codes exist for this claim
No Occurrence Codes exist for this claim
No Value Codes exist for this claim
No Surgical Procedures exist for this claim
No Attachments exist for this claim

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Confirmation

Are you sure you want to void this Crossover Inpatient Claim ID 2218277000011?

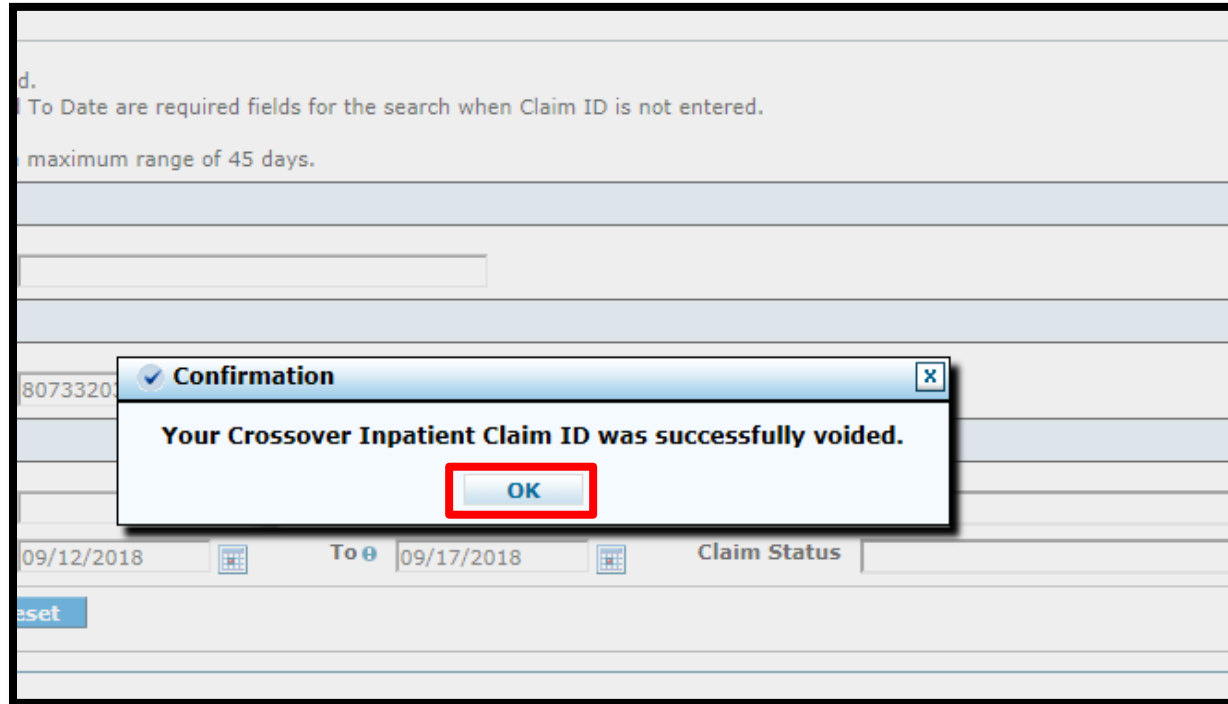
3

The system will ask if the user is sure and will list the Crossover Inpatient Claim ID that will be voided.

The user will then:

3. Click the **OK** button

Voiding an Institutional Claim, continued



The system will send a confirmation message that the claim has been successfully voided.

The user will:

4. Click the **OK** button

Questions & Answers

Thank you